

# WORKING NONPARTICIPANT LONG INTERVIEW

Interviewer ID: |\_|\_|\_|\_|\_|\_| Date Completed: |\_|\_|\_|/|\_|\_|\_|/19|\_|\_|\_|  
Month Day Year

MPR ID: | | | | | | | |

Name of Original Respondent: \_\_\_\_\_

Name of Respondent: \_\_\_\_\_

Phone Number: |\_|\_|\_|\_| - |\_|\_|\_|\_| - |\_|\_|\_|\_|\_|  
Area Code

Time Zone: **9** Eastern      **9** Central      **9** Mountain

## 9 Elderly in Household

Callbacks/Appointments					
Intv ID	Date	Time	Status	Callback Date	Callback Time
_____	___/___	_____A/P	_____	___/___	_____A/P
_____	___/___	_____A/P	_____	___/___	_____A/P
_____	___/___	_____A/P	_____	___/___	_____A/P

**NOTES:**

**STATUS CODES:**

## INTERIM

- 20 CALLBACK/APPOINTMENT  
21 CALLBACK/NO APPOINTMENT  
22 NO ANSWER/BUSY  
23 ANSWERING MACHINE  
24 WRONG#/CHANGED #  
25 INITIAL REFUSAL(SCREENER COMPLETE)  
26 INCOMPLETE/BREAKOFF  
27 RESPONDENT OUT OF TOWN  
28 RESPONDENT WILL CALL MPR  
29 NEEDS NEW LETTER  
30 OTHER

**FINAL**

- |    |                                 |
|----|---------------------------------|
| 01 | COMPLETE                        |
| 02 | REFUSAL                         |
| 03 | INCOMPLETE/BREAKOFF             |
| 04 | UNLOCATABLE                     |
| 05 | UNAVAILABLE DURING FIELD PERIOD |
| 06 | CHRONIC NO ANSWER/BUSY          |
| 07 | ANSWERING MACHINE               |
| 08 | BARRIER (LANG/PHY/COGN)         |
| 09 | OTHER                           |

# Main Questionnaire: Working Nonparticipant--Long

Person Number	A1. First Name or Initials	A2. Relationship	A3. Age
1.	_____	SELF	<div>    </div> <div>DON'T KNOW</div> ..... -1
2.	_____	<div>    </div>	<div>    </div> <div>DON'T KNOW</div> ..... -1
3.	_____	<div>    </div>	<div>    </div> <div>DON'T KNOW</div> ..... -1
4.	_____	<div>    </div>	<div>    </div> <div>DON'T KNOW</div> ..... -1
5.	_____	<div>    </div>	<div>    </div> <div>DON'T KNOW</div> ..... -1
6.	_____	<div>    </div>	<div>    </div> <div>DON'T KNOW</div> ..... -1
7.	_____	<div>    </div>	<div>    </div> <div>DON'T KNOW</div> ..... -1
8.	_____	<div>    </div>	<div>    </div> <div>DON'T KNOW</div> ..... -1
9.	_____	<div>    </div>	<div>    </div> <div>DON'T KNOW</div> ..... -1
10.	_____	<div>    </div>	<div>    </div> <div>DON'T KNOW</div> ..... -1

**RELATIONSHIP CODES**

01	MALE SPOUSE/PARTNER	06	GRANDMOTHER	11	OTHER MALE RELATIVE OR NONRELATIVE
02	FEMALE SPOUSE/PARTNER	07	SON/STEPSON	12	OTHER FEMALE RELATIVE OR NONRELATIVE
03	FATHER/STEPFATHER	08	DAUGHTER/STEPDAUGHTER		
04	MOTHER/STEPMOTHER	09	BROTHER/STEPBROTHER		
05	GRANDFATHER	10	SISTER/STEPSISTER		

A4. I've recorded the following names (READ NAMES FROM A1). Is there anyone else such as babies or small children? Anyone who usually lives with you but is now away from home, or, anyone else staying here?

YES ..... 01 ! **GO BACK AND  
CORRECT A1-A3**  
NO ..... 00

**B. KNOWLEDGE OF THE FSP**

B0. Before we talked to you about this survey, had you heard of food stamps or the Food Stamp Program?

YES ..... 01

NO ..... 00 ! **SKIP TO FO, PAGE 29**

B1. As far as you know, did your family ever receive food stamp benefits when you were a child?

YES ..... 01

NO ..... 00

B2. As far as you know, do any of your relatives, friends, neighbors, or co-workers currently receive food stamp benefits?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

B3.-

B8. **NO QUESTIONS THIS VERSION.**

**C. FSP PARTICIPATION HISTORY**


C1. Have you received food stamp benefits in the past 3 years?

YES ..... 01 ! **SKIP TO C2a**

NO ..... 00

C2. Over the course of your adult life have you ever received food stamp benefits?

YES ..... 01  
NO ..... 00

 **SKIP TO D1**

C2a. Did you receive food stamp benefits for more than 3 months since February 1, 1997?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

C3. When was the last time you received food stamp benefits?

|\_|\_| 19 |\_|\_|  
MONTH YEAR

C3a. **INTERVIEWER: IS DATE MORE THAN THREE YEARS AGO?**

YES ..... 01 ! **SKIP TO D1**

NO ..... 00

DON'T KNOW ..... -1

C4. How did you get your food stamp benefits in (DATE FROM C3)? Did you get coupons or credit to an EBT card?

**PROBE:** In Colorado, the EBT card is called Colorado Quest.  
In Massachusetts, the EBT card is called an EBT card.  
In Texas, the EBT card is called the Lone Star card.  
No EBT card in Minnesota, North Carolina or Pennsylvania.

COUPONS ..... 01

EBT CARD ..... 02

C4a. What was the amount of food stamp benefits you received in (DATE FROM C3)?

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

C5. Did you stop receiving food stamp benefits in (DATE FROM C3) because you were notified that you were not eligible?

YES ..... 01 ! **SKIP TO C13a**

NO ..... 00

C6. Why did you stop participating in the food stamp program in (DATE FROM C3)?  
**RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

CIRCLE ALL THAT APPLY

- NOT WORTH THE EFFORT FOR  
THE AMOUNT OF BENEFITS ..... 01
- NO LONGER NEEDED FOOD STAMP  
BENEFITS ..... 02
- EMBARRASSED USING FOOD STAMP  
BENEFITS ..... 03
- THOUGHT NO LONGER ELIGIBLE ..... 04
- THOUGHT SITUATION WOULD  
IMPROVE ..... 05
- HARD TO GET TO FOOD STAMP OFFICE .. 06
- PROCESS OF RECEIVING FOOD  
STAMP BENEFITS IS TOO LONG  
OR COMPLICATED ..... 07
- HAD TO ANSWER TOO MANY  
PERSONAL QUESTIONS ..... 08
- FAMILY MEMBERS DISAPPROVED  
OF MY/OUR RECEIVING FOOD  
STAMP BENEFITS ..... 09
- DO NOT LIKE TO RELY ON  
GOVERNMENT ASSISTANCE ..... 10
- OTHER PEOPLE NEEDED THEM MORE ... 11
- NOT TREATED WELL BY STAFF ..... 12
- OFFICE IS VERY UNPLEASANT ..... 13
- OFFICE IN AN UNSAFE  
NEIGHBORHOOD ..... 14
- OTHER (SPECIFY) ..... 15

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|



C7.-

C11. **NO QUESTIONS THIS VERSION.**

C12. In the past 3 years, did you ever stop receiving food stamp benefits because you were notified that you were not eligible?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

REFUSED ..... -3

**SKIP TO C13c**

C13. Thinking about the last time you were found ineligible to receive food stamp benefits, what were the reasons? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_\_

\_\_\_\_\_

|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DID NOT SATISFY WORK  
REQUIREMENTS ..... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

\_\_\_\_\_

|\_|\_|\_|\_|

DON'T KNOW ..... -1

**SKIP TO C13c**

C13a. Why were you found ineligible? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- INCOME TOO HIGH ..... 01
- TOO MANY ASSETS ..... 02
- MISSING PAPERWORK ..... 03
- CITIZENSHIP STATUS ..... 04
- DID NOT SATISFY WORK  
REQUIREMENTS ..... 05
- ON STRIKE FROM JOB ..... 06
- OTHER (SPECIFY) ..... 07
- 
- |\_|\_|\_|\_|\_|\_|\_|
- DON'T KNOW ..... -1

C13b. **NO QUESTION THIS VERSION.**

C13c. When you received food stamps in the past three years, did you ever do things so that people would not find out you received food stamp benefits?

**PROBE:** For example, some people try to use their food stamp benefits in stores where they are unlikely to meet anyone they know.

- YES ..... 01
- NO ..... 00

C14. Now I'm going to ask you some questions about your experiences with food stamp benefits over the past three years.

CIRCLE "YES" OR "NO"  
FOR EACH STATEMENT

	<u>YES</u>	<u>NO</u>
a. When using food stamp benefits in stores, were you sometimes treated disrespectfully by either employees or other customers? .....	01	00
b. Were you embarrassed to use food stamp benefits? .....	01	00
c. Did you have any difficulties obtaining your monthly food stamp benefits? .....	01	00
d. Did you feel that you really needed food stamp benefits to make it through the month? .....	01	00
e. Did you have any difficulties doing all the paperwork needed to keep getting food stamp benefits? .....	01	00
f. Did you have any difficulties arranging meetings with your caseworker at convenient times? .....	01	00
g. Did food stamp office staff ever treat you disrespectfully? .....	01	00

C15. Did you experience other difficulties with food stamp benefits that you have not already mentioned? Please do not include any difficulties you had applying, we will ask about this later.

YES ..... 01

NO ..... 00 ! **SKIP TO D1**

C16. Please describe those difficulties. **RECORD VERBATIM**

---

---

---

---

|\_|\_|\_|\_|\_|

**D. HISTORY OF APPLICATIONS**

D1. Have you applied for food stamp benefits in the past 3 years? By applied I mean have you at least completed a **new** application form?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

→ **SKIP TO D14**

D2. When was the last time you applied for food stamp benefits?

|\_|\_| 19 |\_|\_|  
MONTH YEAR

D3. All these next questions refer to the last time you applied for food stamp benefits in (MONTH YEAR FROM D2).

When you applied for food stamp benefits in (MONTH/YEAR FROM D2), did you also apply for any other kinds of public assistance such as Supplemental Security Income (or SSI), AFDC, [FILL STATE WELFARE NAME], Medicaid, or general assistance?

Colorado	Colorado Works
Massachusetts	Transitional Aid to Families with Dependent Children
Minnesota	MFIP Minnesota's Family Investment Program
North Carolina	Work First Benefits
Pennsylvania	TANF
Texas	TANF

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

D4a. The last time you applied, did you or someone else mail or take the application form to a food stamp office?

YES ..... 01 ! **SKIP TO D4c**  
NO ..... 00  
DON'T KNOW ..... -1

D4b. Did you or someone else mail or take the application form to an SSI office, a senior center, a hospital, a housing complex, or somewhere else?

CIRCLE ONE

AN SSI OFFICE, ..... 01  
A SENIOR CENTER, ..... 02  
A HOSPITAL, ..... 03  
A HOUSING COMPLEX, OR ..... 04  
SOMEWHERE ELSE? (PLEASE SPECIFY) .. 05

\_\_\_\_\_ | | | | |

D4c. Did you apply yourself or did an authorized representative apply for you?

APPLIED MYSELF ..... 01  
AUTHORIZED REPRESENTATIVE ..... 02

D4d. Where did (you/your authorized representative) have the interview with your caseworker?

AT FOOD STAMP OFFICE ..... 01  
AT SSI OFFICE ..... 02  
AT A SENIOR CENTER ..... 03  
AT A HOSPITAL ..... 04  
AT A HOUSING COMPLEX ..... 05  
SOMEWHERE ELSE (SPECIFY) ..... 06

 **SKIP TO D4f**

\_\_\_\_\_ | | | | |

AT HOME ..... 07

D4e. Did you have your interview by telephone or did a caseworker come to your home?


BY TELEPHONE ..... 01  
VISIT BY CASEWORKER ..... 02

D4f. The last time you applied, did you take time off from work to apply for food stamp benefits?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1  
DOESN'T WORK ..... -4

D4g. The last time you applied, did you have a lot of help with the application?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

 **SKIP TO D5**

D4h. What type of help did you receive? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- TRANSPORTATION TO THE OFFICE . . . . . 01
- HAVING SOMEONE BE WITH ME  
AT THE FOOD STAMP OFFICE . . . . . 02
- HAVING SOMEONE ELSE GO TO  
OFFICE INSTEAD OF ME . . . . . 03
- TRANSLATION . . . . . 04
- HELP FILLING OUT APPLICATION . . . . . 05
- HELP OBTAINING NECESSARY  
DOCUMENTATION . . . . . 06
- OTHER (SPECIFY) . . . . . 07

---

|\_|\_|\_|\_|\_|\_|\_|

D4i. Who provided this help?

CIRCLE ALL THAT APPLY

- CASEWORKER . . . . . 01
- RELATIVE, FRIEND, OR NEIGHBOR . . . . . 02
- CLERGYMAN . . . . . 03
- COMMUNITY WORKER (OUTREACH  
WORKER OR LEGAL AID  
REPRESENTATIVE) . . . . . 04
- VOLUNTEER AT FOOD STAMP OFFICE . . . 05
- OTHER (SPECIFY) . . . . . 06

---

|\_|\_|\_|\_|\_|\_|\_|



D5. Which of the following reasons led you to apply for food stamp benefits in (MONTH, YEAR FROM D2)?

	<u>YES</u>	<u>NO</u>
a. Your household income fell? . . . . .	01	00
b. <b>NO QUESTION THIS VERSION.</b>		
c. The number of people in your household changed? . . . . .	01	00
d. <b>NO QUESTION THIS VERSION.</b>		
e. It was getting harder and harder to make ends meet? . . . .	01	00
f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)? . . . . .	01	00
g. <b>NO QUESTION THIS VERSION.</b>		
h. <b>NO QUESTION THIS VERSION.</b>		
i. You learned about the program or your eligibility for food stamp benefits? . . . . .	01	00
j. Some other reason? (SPECIFY) . . . . .	01	00
_____		
_____		
	_ _	_ _

D5a.-

D6. **NO QUESTIONS THIS VERSION.**

D7. Now I am going to ask you some questions about your experiences applying for food stamp benefits over the past 3 years.

		CIRCLE "YES" OR "NO"		
		<u>YES</u>	<u>NO</u>	<u>N/A</u>
a.	Was it difficult or expensive for you to get transportation to the food stamp office? .....	01	00	--
b.	Did you have to go to the food stamp office even though your health or disability made it difficult? .....	01	00	--
c.	Was it difficult for you to take time off from work to apply for food stamp benefits? .....	01	00	-4
d.	Did you lose wages when you went to apply for food stamp benefits? .....	01	00	-4
e.	Did you have to arrange for care of someone in your home so that you could go to the food stamp office? .....	01	00	--
f.	Did you have to wait a long time to be served at the food stamp office? .....	01	00	--
<b>PROBE:</b> A long time from your point of view.				
g.	Were staff at the food stamp office disrespectful? .....	01	00	--
h.	Do you think the application form was too long and complicated? .....	01	00	--
i.	Did your caseworker ask you questions that were too personal? .....	01	00	--
j.	Was it difficult for you to get all the necessary paperwork? .....	01	00	--
k.	Did you feel embarrassed having to apply for food stamps?	01	00	--

D7a. Did you experience other difficulties applying for food stamp benefits that you have not already mentioned?

YES ..... 01

NO ..... 00 ! **SKIP TO D8**

D7b. Please describe those difficulties. **RECORD VERBATIM**

---

---

---

|\_|\_|\_|\_|

D8. In the past 3 years, did you ever begin the food stamp application process and not complete it?

YES .....	01	
NO .....	00	} → <b>SKIP TO D10</b>
DON'T KNOW .....	-1	
REFUSED .....	-3	

D9. Why didn't you complete the application process at that time?  
**RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- DIDN'T THINK ELIGIBLE ..... 01
- BENEFIT TOO LOW ..... 02
- APPLICATION TOO TIME-CONSUMING .... 03
- APPLICATION FORM TOO  
COMPLICATED ..... 04
- APPLICATION TOO PERSONAL ..... 05
- TOO MUCH PAPERWORK ..... 06
- DIDN'T KNOW HOW TO COMPLETE  
THE PROCESS ..... 07
- NOT TREATED WELL BY STAFF ..... 08
- STIGMA/EMBARRASSMENT/PRIDE ..... 09
- HEALTH/MOBILITY PROBLEMS ..... 10
- LANGUAGE/LITERACY PROBLEMS ..... 11
- MY SITUATION CHANGED ..... 12
- TRANSPORTATION PROBLEM ..... 13
- HARD TO GET TIME OFF WORK ..... 14
- LOSE WAGES WHEN I GO TO FS  
OFFICE ..... 15
- OTHER (SPECIFY) ..... 16

---

|\_|\_|\_|\_|\_|\_|\_|

D10. In the past 3 years, have you applied for food stamp benefits and been found ineligible?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO D12**

D11. Thinking about the last time you applied for food stamp benefits and were found ineligible, why were you found ineligible? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DID NOT SATISFY WORK  
REQUIREMENTS ..... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

---

|\_|\_|\_|\_|

DON'T KNOW ..... -1

D12. In the past 3 years, have you ever been found eligible for food stamp benefits but not used them?

**PROBE:** By that I mean, you were found to be eligible for food stamp benefits and you did not pick them up or you received them but did not use any of them.

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO E1**

D13. The last time that happened, why didn't you use them? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

CIRCLE ALL THAT APPLY

- EMBARRASSED TO USE FOOD  
STAMP BENEFITS ..... 01
- NOT TREATED WELL IN FOOD STORES ..... 02
- NO STORES NEARBY THAT ACCEPT  
FOOD STAMP BENEFITS ..... 03
- DID NOT LIKE TO SHOP AT STORES  
THAT ACCEPT FOOD STAMP BENEFITS ..... 04
- NOT TREATED WELL BY OFFICE/  
PROGRAM ..... 05
- TOO HARD TO PICK UP COUPONS/  
STAMPS ..... 06
- STAMPS OR EBT CARD WERE LOST  
OR STOLEN ..... 07
- BENEFIT AMOUNT WAS TOO SMALL ..... 08
- DID NOT NEED FOOD STAMPS ..... 09
- OTHER (SPECIFY) ..... 10

---

|\_|\_|\_|\_|\_|\_|\_|

**GO TO E1**

D14. Have you contacted the food stamp office to ask about food stamp benefits in the past 3 years?

YES ..... 01

NO ..... 00 ! **SKIP TO E1**

D15. When was the last time you contacted the food stamp office to ask about food stamp benefits?

|\_\_|\_\_| 19|\_\_|\_\_|  
 MONTH      YEAR

D16. Which of the following reasons led you to ask about food stamp benefits in (DATE FROM D15)?

	<u>YES</u>	<u>NO</u>
a. Your household income fell? .....	01	00
b. <b>NO QUESTION THIS VERSION.</b>		
c. The number of people in your household changed? .....	01	00
d. <b>NO QUESTION THIS VERSION.</b>		
e. It was getting harder and harder to make ends meet? .....	01	00
f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)? .....	01	00
g. <b>NO QUESTION THIS VERSION.</b>		
h. <b>NO QUESTION THIS VERSION.</b>		
i. You learned about the program or your eligibility for food stamp benefits?	01	00
j. Some other reason? (SPECIFY) .....	01	00

\_\_\_\_\_

\_\_\_\_\_

|\_|\_|\_|\_|

D16a.-

D16b. **NO QUESTIONS THIS VERSION.**

D16c. Why didn't you complete an application form at that time? **RECORD  
VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

CIRCLE ALL THAT APPLY

- DIDN'T THINK ELIGIBLE ..... 01
- BENEFIT TOO LOW ..... 02
- APPLICATION TOO TIME-CONSUMING .... 03
- APPLICATION FORM TOO  
COMPLICATED ..... 04
- APPLICATION TOO PERSONAL ..... 05
- TOO MUCH PAPERWORK ..... 06
- DIDN'T KNOW HOW TO COMPLETE  
THE PROCESS ..... 07
- NOT TREATED WELL BY STAFF ..... 08
- STIGMA/EMBARRASSMENT/PRIDE ..... 09
- HEALTH/MOBILITY PROBLEMS ..... 10
- LANGUAGE/LITERACY PROBLEMS ..... 11
- MY SITUATION CHANGED ..... 12
- TRANSPORTATION PROBLEM ..... 13
- HARD TO GET TIME OFF WORK ..... 14
- LOSE WAGES WHEN I GO TO FOOD  
STAMP OFFICE ..... 15
- OTHER (SPECIFY) ..... 16

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

D17.-

D21. **NO QUESTIONS THIS VERSION.**



## E. NON-PARTICIPATION

Now I would like to talk to you about the reasons you currently do not use food stamps.

	E1.			E2. Is this an important reason you don't use food stamp benefits?			E4.
	YES	NO	DON'T KNOW	YES	NO	DON'T KNOW	MOST IMPORTANT REASON
a. Do you know where to go or who to contact to apply for food stamp benefits? .....	<b>SKIP</b> 01 ! TO E1b    00    -1			01	00	-1	01
b. Do you think you are currently eligible for food stamp benefits? .....	<b>SKIP</b> 01 ! TO E1c    00    -1			01	00	-1	02
c. Do you think it would be hard to get to the food stamp office? .....	01	00 !	<b>SKIP</b> TO E1d    -1 ! TO E1d	01	00	-1	03
d. Do you think the application process is too long and complicated? .....	01	00 !	<b>SKIP</b> TO E1e    -1 ! TO E1e	01	00	-1	04
e. Do you think you would have to answer questions that are too personal when applying for food stamp benefits? .....	01	00 !	<b>SKIP</b> TO E1f    -1 ! TO E1f	01	00	-1	05
f. Do you think you would feel embarrassed <u>applying</u> for food stamp benefits? .....	01	00 !	<b>SKIP</b> TO E1g    -1 ! TO E1g	01	00	-1	06
g. Do you think you would be eligible for only a small amount of food stamp benefits? .....	01	00 !	<b>SKIP</b> TO E1h    -1 ! TO E1h	01	00	-1	07
h. Can you get by on your own without food stamp benefits? .....	01	00 !	<b>SKIP</b> TO E1i    -1 ! TO E1i	01	00	-1	08
i. Do you feel that others need food stamp benefits more than you do? ..	01	00 !	<b>SKIP</b> TO E1j    -1 ! TO E1j	01	00	-1	09
j. Would you feel embarrassed <u>using</u> food stamp benefits? .....	01	00 !	<b>SKIP</b> TO E1k    -1 ! TO E1k	01	00	-1	10
k. Would you dislike relying on government assistance? .....	01	00 !	<b>SKIP</b> TO E1l    -1 ! TO E1l	01	00	-1	11
l. Would other family members or friends discourage you from using food stamp benefits? .....	01	00 !	<b>SKIP</b> TO E1m    -1 ! TO E1m	01	00	-1	12
m. Do you think that staff at the food stamp office would treat you disrespectfully? .....	01	00 !	<b>SKIP</b> TO E1n    -1 ! TO E1n	01	00	-1	13
n. Do you think that the food stamp office would be very unpleasant or you would not be safe? .....	01	00 !	<b>SKIP</b> TO E1o    -1 ! TO E1o	01	00	-1	14
o. Do you think your need for food stamp benefits is only temporary? ...	01	00 !	<b>SKIP</b> TO E1p    -1 ! TO E1p	01	00	-1	15

<p>p. Are there other important reasons why you do not use food stamp benefits that we have not just mentioned? .....</p> <p><b>RECORD VERBATIM BELOW:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>     _ _ _ _ _ </p>	<p>01                      00 !                      <b>SKIP</b>                      <b>SKIP</b>  <b>TO E3</b>                      -1 !                      <b>TO E3</b></p>	<p>01      00                      -1</p>	<p>16</p>
--	---	---	-----------

E3. **INTERVIEWER: HOW MANY “YESES” ARE CIRCLED IN QUESTION E2?**

NONE .....	00	] → <b>SKIP TO E5</b>
ONE .....	01	
MORE THAN ONE .....	02	

E4. Of all the reasons you gave (READ IMPORTANT REASONS FROM E2 IF NECESSARY), what is the most important reason you do not currently use food stamp benefits? **RECORD IN COLUMN MARKED E4.**

E5. **INTERVIEWER: WAS THE RESPONSE TO E1b “YES”?**

YES .....	01
NO .....	00 ! <b>SKIP TO E7</b>

E6. You said you think you are currently eligible for food stamp benefits. How much in food stamp benefits do you think you would qualify for each month? Your best estimate is fine.

CIRCLE ONE RESPONSE

\$10 OR LESS .....	01
BETWEEN \$11 AND \$25 .....	02
BETWEEN \$26 AND \$50 .....	03
BETWEEN \$51 AND \$100 .....	04
BETWEEN \$101 AND \$150 .....	05
BETWEEN \$151 AND \$200 .....	06
BETWEEN \$201 AND \$300 .....	07
MORE THAN \$300 .....	08
DON'T KNOW .....	-1

**GO TO E9**

- E7. You said you think you are not currently eligible for food stamp benefits. Why do you think that you are not eligible to receive food stamp benefits? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01  
TOO MANY ASSETS ..... 02  
MISSING PAPERWORK ..... 03  
CITIZENSHIP STATUS ..... 04  
DO NOT SATISFY WORK  
REQUIREMENTS ..... 05  
ON STRIKE FROM JOB ..... 06  
OTHER (SPECIFY) ..... 07

---

|\_|\_|\_|\_|

DON'T KNOW ..... -1

- E8. Do you think you are currently ineligible because you were told by someone at the food stamp office that you are ineligible?

YES ..... 01  
NO ..... 00 ! **SKIP TO E8b**

- E8a. Were you told this within the last month, within the last three months, within the last year, or more than one year ago?

WITHIN THE LAST MONTH ..... 01  
WITHIN THE LAST 3 MONTHS ..... 02  
WITHIN THE LAST YEAR ..... 03  
MORE THAN ONE YEAR AGO ..... 04  
DON'T KNOW ..... -1

E8b. Were you told by someone at another program that you are ineligible for food stamp benefits?

YES ..... 01 ! **SKIP TO E9**  
 NO ..... 00  
 DON'T KNOW ..... -1

E8c. Do you think you are ineligible because you know someone like you who is ineligible?

YES ..... 01  
 NO ..... 00

E9. **INTERVIEWER: WAS THE RESPONSE TO E1c "YES"?**

YES ..... 01  
 NO ..... 00 ! **SKIP TO E11**

E10. You said you think it would be hard to get to the food stamp office. Is this . . .

	<u>YES</u>	<u>NO</u>
a. Because it is difficult or expensive to get transportation? .....	01	00
b. Because of difficulties you have getting around? .....	01	00
c. Because of difficulties you would have taking time off work? .....	01	00
d. Because you would lose pay going to the food stamp office? .....	01	00
e. Because you would have to pay for someone to take care of someone in your home? .....	01	00
f. Because of some other reason I haven't mentioned? (PLEASE SPECIFY) .....	01	00
_____		
_ _ _ _ _ _ _		

E11. INTERVIEWER: WAS THE RESPONSE TO E1d “YES”?

YES ..... 01

NO ..... 00 ! **SKIP TO E13**

E12. You think the application process would be too long and complicated.  
Is this . . .

	<u>YES</u>	<u>NO</u>
a. Because you think you would have to wait a long time to be served? .....	01	00
<b>PROBE:</b> A long time from your point of view.		
b. Because you think the application form is too long and complicated? .....	01	00
c. Because you think it would be difficult to get all the necessary paperwork? .....	01	00
d. Because of some other reason I haven't mentioned? (PLEASE SPECIFY) .....	01	00
_____		
_ _ _ _		

E12a. INTERVIEWER: WAS THE RESPONSE TO PART “a” OF E12 “YES”?

YES ..... 01

NO ..... 00 ! **SKIP TO E13**

E12b. You said you would have to wait a long time to be served. How long do you think you would have to wait? Would it be . . .

15 minutes or less? ..... 01

16 to 30 minutes? ..... 02

31 minutes to one hour? ..... 03

Or, more than one hour? ..... 04

DON'T KNOW ..... -1

E13. **INTERVIEWER: WAS THE RESPONSE TO E1e “YES”?**

YES ..... 01

NO ..... 00 ! **SKIP TO E15**

E14. You said you would have to answer questions that were too personal. What type of questions do you feel are too personal?

CIRCLE ALL THAT APPLY

WHO LIVES IN HOUSEHOLD ..... 01

CITIZENSHIP ..... 02

DISABILITIES ..... 03

RESOURCES/ASSETS ..... 04

INCOME ..... 05

MEDICAL EXPENSES ..... 06

DEPENDENT-CARE EXPENSES ..... 07

SHELTER EXPENSES ..... 08

CHILD-SUPPORT PAYMENTS ..... 09

OTHER (SPECIFY) ..... 10

\_\_\_\_\_ | | | | |

E15. **INTERVIEWER: WAS THE RESPONSE TO E1g “YES”?**

YES ..... 01

NO ..... 00 ! **SKIP TO E17**

E16. You said you think you are eligible for only a small amount of food stamp benefits.

E16a. Were you told by someone at a food stamp office that you were eligible for only a small amount of food stamp benefits?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO E16c**

E16b. Were you told this within the last month, within the last three months, within the last year, or more than one year ago?

WITHIN LAST MONTH ..... 01

WITHIN LAST 3 MONTHS ..... 02

WITHIN THE LAST YEAR ..... 03

MORE THAN ONE YEAR AGO ..... 04

DON'T KNOW ..... -1

**GO TO E17**

E16c. Were you told by someone at another program that you were eligible for only a small amount of food stamp benefits?

YES ..... 01 ! **SKIP TO E17**

NO ..... 00

DON'T KNOW ..... -1

E16d. Do you think that you would receive only a small amount of benefits because you know someone like you who receives only a small amount of benefits?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1



E17. INTERVIEWER: WAS THE RESPONSE TO E1n “YES”?

YES ..... 01

NO ..... 00 ! **SKIP TO E19**

E18. You thought the food stamp office would be very unpleasant or you would not be safe? Is this . . .

	<u>YES</u>	<u>NO</u>
a. Because the inside of the building would be unpleasant?	01	00
b. Because you wouldn't like waiting with the other applicants? .....	01	00
c. Because the office would be in an unsafe neighborhood?	01	00
d. Because of something else? (SPECIFY) .....	01	00
<hr/>		
_ _ _ _ _		

E19. Do you agree with the statement made by some people that “its OK to receive food stamp benefits if you pay taxes”?

YES ..... 01

NO ..... 00

**F. RECEIPT OF FOOD ASSISTANCE**

**F0. INTERVIEWER: CHECK QUESTION A3. IS ANYONE IN THIS HOUSEHOLD AGE 60 OR OLDER?**

YES ..... .01  
NO ..... .00 ! **SKIP TO F1a**

**F1.** During the past 12 months, did (you/anyone in the household) ever receive free or reduced-cost meals for the elderly either at a facility or delivered to your home?

**PROBE:** By facility we mean places such as a senior center or community center or some other special place with a meal program.

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

**F1a. INTERVIEWER: CHECK QUESTION A3. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES ..... 01  
NO CHILDREN ..... 00 ! **SKIP TO F5**

**F2.** During the past 12 months, did any children in the household ever receive free or reduced-cost meals at a day-care or Head Start program?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1  
CHILD/CHILDREN DO NOT ATTEND  
DAY CARE PROGRAM ..... -4

F3. Not counting meals at Head Start or daycare programs, during the past 12 months, did any children in the household ever receive free or reduced-cost lunches at school?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1  
CHILD/CHILDREN DO NOT  
ATTEND SCHOOL ..... -4! **SKIP TO F5**

F4. During the past 12 months, did any children in the household ever receive free or reduced-cost breakfasts at school?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F5. **INTERVIEWER: CHECK QUESTION A3. IS ANYONE IN THIS  
HOUSEHOLD EITHER UNDER AGE 6 OR A WOMAN  
UNDER 45 YEARS OF AGE?**

YES ..... 01  
NO ..... 00 ! **SKIP TO F7**

F6. During the past 12 months, did (you/anyone in the household) ever get food through the WIC program?

**PROBE:** By WIC we mean the U.S. Department of Agriculture's Special Supplemental Nutrition Program for Women, Infants, and Children, which provides food packages to women, infants, and young children.

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F7. During the past 12 months, did (you/anyone in the household) ever get food, or vouchers to buy food, from any (other) kind of program?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

(SPECIFY PROGRAM):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

□□□□

F8. In the last 12 months, did you (or other adults in your household) ever get food or borrow money for food from friends or relatives?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F9. In the last 12 months, did you (or other adults in your household) ever get emergency food from a church, a food pantry, or food bank?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F10. In the last 12 months, did you (or other adults in your household) ever eat any meals at a soup kitchen?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F10a. In the last 12 months, did you (or other adults in the household) ever receive free or reduced-price meals at work?

YES ..... 01  
 NO ..... 00  
 DON'T KNOW ..... -1

F11. Some people are able to get food from their own garden or farm, or from hunting or fishing. During the last 12 months, did you (anyone in the household) ever get food from . . .

	<u>YES</u>	<u>NO</u>
a. Your own vegetable garden? .....	01	00
b. Meat, poultry, or eggs from animals you raise? .....	01	00
c. Meat or fish from hunting or fishing? .....	01	00

F11a. In the last 12 months, did you (or other adults in your household) ever get free food from any source we haven't already mentioned?

**PROBE:** Please include any free meals or groceries that you receive from any person or source that we haven't already mentioned

YES ..... 01  
 NO ..... 00

Where?

---



---

|\_|\_|\_|\_|

F12. Are you uncomfortable getting food from family, friends, charities, or other programs?

YES ..... 01  
 NO ..... 00  
 DON'T KNOW ..... -1

**INTERVIEWER: IF RESPONSE CODE IS FOLLOWED BY AN ASTERISK (\*),  
CIRCLE THE QUESTION NUMBER.**

**G. FOOD SECURITY**

- G1. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (MONTH 12 MONTHS AGO).

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

Often true . . . . . 01 \*  
Sometimes true . . . . . 02 \*  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

- G2. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true . . . . . 01 \*  
Sometimes true . . . . . 02 \*  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

- G3. "(I/We) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true . . . . . 01 \*  
Sometimes true . . . . . 02 \*  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

G4. **INTERVIEWER: CHECK QUESTION A3. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES ..... 01  
NO ..... 00 ! **SKIP TO G8**

G5. “(I/We) relied on only a few kinds of low-cost food to feed (my/our) child/the children) because (I was/we were) running out of money to buy food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

**PROBE:** By low-cost food we mean rice, beans, macaroni products, bread, or potatoes, or foods like that.

Often true ..... 01 \*  
Sometimes true ..... 02 \*  
Never true ..... 03  
DON'T KNOW ..... -1

G6. “(I/We) couldn’t feed (my/our) (child/children) a balanced meal, because (I/we) couldn’t afford that.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true ..... 01 \*  
Sometimes true ..... 02 \*  
Never true ..... 03  
DON'T KNOW ..... -1

G7. “(My/Our child was/The children were) not eating enough because (I/we) just couldn’t afford enough food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?


Often true . . . . . 01 \*  
Sometimes true . . . . . 02 \*  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

G8. **INTERVIEWER: ARE ANY QUESTION NUMBERS CIRCLED ON PAGES 33 AND 34? IS THE RESPONSE TO G1, G2, G3, G5, OR G6 “OFTEN TRUE” (01) OR “SOMETIMES TRUE” (02)?**

YES . . . . . 01  
NO . . . . . 00 ! **SKIP TO H1**

G9. In the last 12 months, since last (MONTH 12 MONTHS AGO), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn’t enough money for food?

YES . . . . . 01  
NO . . . . . 00  
DON'T KNOW . . . . . -1

 **SKIP TO G10**

G9a. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month . . . . . 01  
Some months but not every month . . . . . 02  
Only 1 or 2 months . . . . . 03  
DON'T KNOW . . . . . -1



G10. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

G11. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

YES ..... 01 \*  
NO ..... 00  
DON'T KNOW ..... -1

G12. In the last 12 months, did you lose weight because you didn't have enough money for food?

YES ..... 01 \*  
NO ..... 00  
DON'T KNOW ..... -1

G13. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

YES ..... 01 \*  
NO ..... 00  
DON'T KNOW ..... -1

→ **SKIP TO G14**

G13a. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month . . . . . 01  
Some months but not every month . . . . . 02  
Only 1 or 2 months . . . . . 03  
DON'T KNOW . . . . . -1

G14. **INTERVIEWER: CHECK QUESTION A3. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES . . . . . 01  
NO . . . . . 00 ! **SKIP TO H1**

G15. **INTERVIEWER: ARE ANY QUESTION NUMBERS CIRCLED ON PAGES 35 AND 36? IS THE RESPONSE TO G7 "OFTEN TRUE" (01) OR "SOMETIMES TRUE" (02) OR IS THERE A "YES" RESPONSE TO G11, G12 OR G13?**

YES . . . . . 01  
NO . . . . . 00 ! **SKIP TO H1**

G16. The next questions are about children living in the household who are under 18 years old.

In the last 12 months, since (CURRENT MONTH) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

YES . . . . . 01  
NO . . . . . 00  
DON'T KNOW . . . . . -1

G17. In the last 12 months, did (CHILD'S NAME/any of the children) ever skip meals because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO G18**

G17a. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month ..... 01

Some months but not every month ..... 02

Only 1 or 2 months ..... 03

DON'T KNOW ..... -1

G18. In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

G19. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

## H. EMPLOYMENT HISTORY

H1. Including yourself, which people in your household work at a job for pay? **RECORD NAMES AT H1.**

NONE ..... 00 ! **SKIP TO J1, PAGE 43**

HOUSEHOLD NAMES RECORDED BELOW ... 01

H2. How many hours per week (does NAME/do you) usually work for pay? **RECORD BELOW OPPOSITE PERSONS NAME. PROBE:** Your best estimate would be fine.

**INTERVIEWER: IF RESPONDENT UNABLE TO TELL YOU USUAL HOURS WORKED PER WEEK, ASK "HOW MANY HOURS DID YOU WORK LAST WEEK OR DURING THE MOST RECENT WEEK YOU WORKED IF YOU DID NOT WORK LAST WEEK?"**

H3. How much (does NAME/do you) earn on this job, before taxes and any other deductions are taken out? **RECORD BELOW FOR EACH PERSON.**

**INTERVIEWER: IF RESPONDENT RECEIVES TIPS AS PART OF EARNINGS, ASK RESPONDENT TO REPORT WHAT HE OR SHE EARNED LAST WEEK (OR MOST RECENT WEEK WORKED IF NOT LAST WEEK) INCLUDING TIPS, AND RECORD AS "SALARY PER WEEK."**

**PROBE:** What is (NAME'S/YOUR) gross pay?

H1		H2	H3					
1	Name _____ - <b>CODER:</b> Person # from A1: _____ _____	Hours Per Week _____ DON'T KNOW ... -1	Hourly Wage \$ _____/HR. DON'T KNOW ..... -1	OR	Salary \$ _____ DON'T KNOW ..... -1	Per	Salary Basis Day ..... 01 Week ..... 02 2 Weeks .... 03 2X Month ... 04 Month ..... 05 Year ..... 06	
2	Name _____ - <b>CODER:</b> Person # from A1: _____ _____	Hours Per Week _____ DON'T KNOW ... -1	Hourly Wage \$ _____/HR. DON'T KNOW ..... -1	OR	Salary \$ _____ DON'T KNOW ..... -1	Per	Salary Basis Day ..... 01 Week ..... 02 2 Weeks .... 03 2X Month ... 04 Month ..... 05 Year ..... 06	
3	Name _____ - <b>CODER:</b> Person # from A1: _____ _____	Hours Per Week _____ DON'T KNOW ... -1	Hourly Wage \$ _____/HR. DON'T KNOW ..... -1	OR	Salary \$ _____ DON'T KNOW ..... -1	Per	Salary Basis Day ..... 01 Week ..... 02 2 Weeks .... 03 2X Month ... 04 Month ..... 05 Year ..... 06	
4	Name _____ - <b>CODER:</b> Person # from A1: _____ _____	Hours Per Week _____ DON'T KNOW ... -1	Hourly Wage \$ _____/HR. DON'T KNOW ..... -1	OR	Salary \$ _____ DON'T KNOW ..... -1	Per	Salary Basis Day ..... 01 Week ..... 02 2 Weeks .... 03 2X Month ... 04 Month ..... 05 Year ..... 06	

5	_____	____ ____ ____	\$ ____ ____ ____ ____ ____ /HR. <b>OR</b> \$ ____ ____ ____ ____ ____     Per				Day . . . . . 01
	-						Week . . . . . 02
	<b>CODER:</b>	DON'T KNOW . . . -1	DON'T KNOW . . . . . -1                      DON'T KNOW . . . . . -1				2 Weeks . . . . 03
	Person # from A1:						2X Month . . . 04
	____ ____						Month . . . . . 05
							Year . . . . . 06

H4. **INTERVIEWER: LOOK AT QUESTIONS H1 AND H2. SELECT PERSON WHO WORKS GREATEST NUMBER OF HOURS PER WEEK.**

NAME: \_\_\_\_\_

CODER: PERSON # FROM A1: |\_\_|\_\_|

H5. Now I'm going to ask you some questions about (your/NAME'S) job.

What is (your/NAME'S) job title? \_\_\_\_\_

FOR EXAMPLE: Retail sales person, clerk, waiter, cook.

IF MORE THAN ONE JOB, PROBE FOR THE JOB PERSON CURRENTLY SPENDS MOST TIME AT.

\_\_\_\_\_  
\_\_\_\_\_  
|\_\_|\_\_| |\_\_|\_\_|

H6. What are (your/NAME'S) main duties as (a/an) (JOB TITLE FROM H5)?

**PROBE:** What are (your/NAME'S) responsibilities or activities?  
What (do you/does NAME) spend the most time doing?

\_\_\_\_\_  
\_\_\_\_\_  
|\_\_|\_\_| |\_\_|\_\_|

H7. How long (have you/has NAME) been working at this job?

IF MORE THAN ONE JOB, PROBE FOR JOB PERSON CURRENTLY SPENDS MOST TIME AT.

**RECORD TO THE NEAREST YEAR. IF LESS THAN ONE YEAR, RECORD MONTHS.**

|\_\_|\_\_| YEARS OR |\_\_|\_\_| MONTHS

H8. How likely is it that (you/NAME) will have this job three months from now? Would you say it is very likely, somewhat likely, or not likely at all?

VERY LIKELY ..... 01  
SOMEWHAT LIKELY ..... 02  
NOT LIKELY AT ALL ..... 03  
DON'T KNOW ..... -1

H9. Do you think (you/NAME) will be earning more, the same, or less three months from now?

MORE ..... 01  
SAME ..... 02  
LESS ..... 03  
DON'T KNOW ..... -1

H10. Including (your/NAME's) present job, over the past 12 months, how many different paid jobs (have you/has NAME) had? Please include all part-time and full-time jobs held for at least two weeks.

CIRCLE ONE

ONE ..... 01  
TWO ..... 02  
THREE ..... 03  
FOUR ..... 04  
FIVE OR MORE ..... 05  
DON'T KNOW ..... -1

H11a. During the past 12 months, were there times when (you were/NAME was) not working for pay?

YES ..... 01

NO ..... 00 ! **SKIP TO J1**

H11b. About how many months (were you/was NAME) not working for pay?

CIRCLE ONE

NONE ..... 00

LESS THAN ONE MONTH ..... 01

BETWEEN 1 AND 3 MONTHS ..... 02

BETWEEN 4 AND 6 MONTHS ..... 03

BETWEEN 7 AND 9 MONTHS ..... 04

BETWEEN 10 AND 12 MONTHS ..... 05

DON'T KNOW ..... -1



**I. NO SECTION I**

**J. SOCIAL SUPPORTS**

J1. How long have you lived in your neighborhood?

**IF LESS THAN ONE YEAR, ENTER "00" FOR YEARS AND RECORD  
NUMBER OF MONTHS.**

|\_|\_|\_| / |\_|\_|\_|  
YEARS MONTHS

**OR**

SINCE |\_|\_|\_| 19 |\_|\_|\_|  
MONTH YEAR

J2. **NO QUESTION THIS VERSION.**

J3. How close do you live to your nearest relative who does not live with you? Do you live less than 30 minutes away, 30 minutes to 2 hours away, or more than 2 hours away?

CIRCLE ONE

LESS THAN 30 MINUTES AWAY ..... 01

30 MINUTES TO 2 HOURS AWAY ..... 02

MORE THAN 2 HOURS AWAY ..... 03

NO LIVING CHILDREN OR RELATIVES ..... -4

**K. INCOME AND EXPENSES**

K1. Which of the following best describes where you live now . . .

- A place you own, . . . . . 01  
A place you rent, . . . . . 02 ! **GO TO K5**  
A place where you live rent free, . . . . . 03 ! **GO TO K6**  
Or someplace else? (SPECIFY) . . . . . 04 ! **GO TO K6**

\_\_\_\_\_ |\_\_|\_\_|\_\_|\_\_|

K2. What is your monthly mortgage payment?

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW . . . . . -1

K3. (Do you/Does your household) make a separate home insurance payment?

- YES . . . . . 01  
NO . . . . . 00  
DON'T KNOW . . . . . -1

K4. (Do you/Does your household) pay a separate property tax bill?

- YES . . . . . 01  
NO . . . . . 00  
DON'T KNOW . . . . . -1
- **SKIP TO K6**

K5. What is your monthly rent payment? Please tell me only the amount that you and members of your household pay out-of-pocket.

**PROBE:** Do not include any rent subsidies that your household receives from any program to pay part of the rent costs.

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

K5a. (Do you/Does your household) pay separate heating or air-conditioning costs?

YES ..... 01

NO ..... 00

K6. **INTERVIEWER: CHECK GRID A1 THROUGH A3. HOW MANY PEOPLE ARE IN HOUSEHOLD?**

ONE ..... 01 ! **SKIP TO K7b**

MORE THAN ONE ..... 02

K6a. Last month, did (you/your household) pay for the care of children or other dependents so that someone in your household could go to work, school, or a training program?

YES ..... 01

NO ..... 00 ! **GO TO K7b**

DON'T KNOW ..... -1

K6b. How much did (you/your household) pay out-of-pocket last month?

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

K7. NO QUESTION THIS VERSION.

K7a. NO QUESTION THIS VERSION.

K7b. Is anyone in your household disabled? Please count as disabled persons who receive SSI benefits because of a disability, social security disability checks, disability retirement pensions, railroad retirement disability payments, or veteran disability benefits.

YES .....	01 !	<b>SKIP TO K8</b>
NO .....	00	
DON'T KNOW .....	-1	

K7c. Is there anyone in your household who is age 60 or older?

YES .....	01	
NO .....	00	} → <b>SKIP TO K10</b>
DON'T KNOW .....	00	

K8. Last month, did (you/your household) pay health insurance premiums or payments to belong to an HMO?

YES .....	01	
NO .....	00	} → <b>SKIP TO K9</b>
DON'T KNOW .....	-1	

K8a. How much did (you/your household) pay last month. Please tell me only the amount that you and members of your household pay out-of-pocket.

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

K8b. **NO QUESTION THIS VERSION.**

K9. Now think about the people in your household who are disabled or age 60 or older. Last month, how much were their out-of-pocket medical expenses? Include doctor and hospital bills, prescription drugs, lab tests or X-rays, and any other medical expenses you paid out-of-pocket. Please exclude anything for which you will be reimbursed.

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

**INTERVIEWER: CHECK GRID A1 THROUGH A3: IF RESPONDENT LIVES ALONE, DON'T ASK K12, K13, OR K14. THAT IS, ALWAYS SKIP TO NEXT QUESTION IN K10 AFTER COMPLETING K11 FOR EACH INCOME SOURCE.**

K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any . . .	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
<p>1. <b>CO:</b> Colorado Works;  <b>MA:</b> Transitional Aid to Families with Dependent Children;  <b>MN:</b> MFIP Minnesota's Family Investment Program;  <b>NC:</b> Work First Benefits  <b>PA/TX:</b> Temporary Assistance for Needy Families (TANF)?</p> <p>YES . . . . . 01</p> <p>NO . . . . . 00 <b>6 ASK K12</b></p>	<p>\$           <b>6 ASK K12</b></p> <p>DON'T KNOW . . . -1 ! <b>GO TO K12</b></p>	<p>[STATE WELFARE NAME]/  Temporary Assistance for Needy Families (TANF)?</p> <p>YES . . . . . 01</p> <p>NO . . . . . 00 <b>6 GO TO K10.2</b></p>	<p><u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u></p> <p>_____ \$           -1</p> <p>_____ \$           -1</p> <p>_____ \$           -1</p> <p>_____ \$           -1</p>	
<p>2. General Assistance, general relief, or welfare?</p> <p>YES . . . . . 01</p> <p>NO . . . . . 00 <b>6 ASK K12</b></p>	<p>\$           <b>6 ASK K12</b></p> <p>DON'T KNOW . . . -1 ! <b>GO TO K12</b></p>	<p>General Assistance, general relief, or welfare?</p> <p>YES . . . . . 01</p> <p>NO . . . . . 00 <b>6 GO TO K10.3</b></p>	<p><u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u></p> <p>_____ \$           -1</p> <p>_____ \$           -1</p> <p>_____ \$           -1</p> <p>_____ \$           -1</p>	
<p>3. Social Security checks from the government?</p> <p>YES . . . . . 01</p> <p>NO . . . . . 00 <b>6 ASK K12</b></p>	<p>\$           <b>6 ASK K12</b></p> <p>DON'T KNOW . . . -1 ! <b>GO TO K12</b></p>	<p>Social Security checks from the government?</p> <p>YES . . . . . 01</p> <p>NO . . . . . 00 <b>6 GO TO K10.4</b></p>	<p><u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u></p> <p>_____ \$           -1</p> <p>_____ \$           -1</p> <p>_____ \$           -1</p> <p>_____ \$           -1</p>	
<p>4. Other retirement benefits (that are not Social Security) such as a government or private pension or annuity?</p> <p>YES . . . . . 01</p> <p>NO . . . . . 00 <b>6 ASK K12</b></p>	<p>\$           <b>6 ASK K12</b></p> <p>DON'T KNOW . . . -1 ! <b>GO TO K12</b></p>	<p>Other retirement benefits (that are not Social Security) such as a government or private pension or annuity?</p> <p>YES . . . . . 01</p> <p>NO . . . . . 00 <b>6 GO TO K10.5</b></p>	<p><u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u></p> <p>_____ \$           -1</p> <p>_____ \$           -1</p> <p>_____ \$           -1</p> <p>_____ \$           -1</p>	

K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any . . .	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
5. SSI or Supplemental Security Income from the federal, state, or local government?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$  _ _ _ _  <b>6 ASK K12</b>  DON'T KNOW...-1 ! <b>GO TO K12</b>	SSI or Supplemental Security Income from the federal, state, or local government?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.6</b>	<u>NAME</u> _____ _____ _____ _____	<u>AMOUNT</u> \$  _ _ _ _  -1 \$  _ _ _ _  -1 \$  _ _ _ _  -1 \$  _ _ _ _  -1

K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any . . .	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
6. Veteran's benefits?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW. . . -1 ! <b>GO TO K12</b>	Veteran's benefits?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.7</b>	<u>NAME</u> <u>AMOUNT</u> DON'T KNOW _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
7. Unemployment Insurance or workman's compensation benefits?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW. . . -1 ! <b>GO TO K12</b>	Unemployment Insurance or workman's compensation benefits?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.8</b>	<u>NAME</u> <u>AMOUNT</u> DON'T KNOW _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
8. Any child support payments or alimony?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW. . . -1 ! <b>GO TO K12</b>	Any child support payments or alimony?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.9</b>	<u>NAME</u> <u>AMOUNT</u> DON'T KNOW _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
9. Payments from roomers or boarders?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW. . . -1 ! <b>GO TO K12</b>	Payments from roomers or boarders?  YES . . . . . 01  NO . . . . . 00 <b>6 GOTO K10.10</b>	<u>NAME</u> <u>AMOUNT</u> DON'T KNOW _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
10. Financial support from friends or family?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW. . . -1 ! <b>GO TO K12</b>	Financial support from friends or family?  YES . . . . . 01  NO . . . . . 00 <b>6 GOTO K10.11</b>	<u>NAME</u> <u>AMOUNT</u> DON'T KNOW _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	



K10	K11	K12	K13	K14															
During (LAST MONTH) did you receive any . . .	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.															
11. Any other income such as income from business or prizes?  YES . . . . . 01 ! (SPECIFY) _____  NO . . . . . 00 6 ASK K12	\$  _ , _ _ _  6 ASK K12  DON'T KNOW. . . -1 ! GO TO K12	Any other income such as income from business or prizes?  YES . . . . . 01 ! SPECIFY _____  NO . . . . . 00 6 GO TO K15	<table border="0"> <thead> <tr> <th><u>NAME</u></th> <th><u>AMOUNT</u></th> <th><u>DON'T KNOW</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$  _ , _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ , _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ , _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ , _ _ _ </td> <td>-1</td> </tr> </tbody> </table>	<u>NAME</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>	_____	\$  _ , _ _ _	-1	_____	\$  _ , _ _ _	-1	_____	\$  _ , _ _ _	-1	_____	\$  _ , _ _ _	-1	
<u>NAME</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>																	
_____	\$  _ , _ _ _	-1																	
_____	\$  _ , _ _ _	-1																	
_____	\$  _ , _ _ _	-1																	
_____	\$  _ , _ _ _	-1																	

K15. Do you (or does anybody in your household) own a car, truck, van, or motorcycle? Please include any cars, trucks, vans, or motorcycles that you're making payments on.

YES ..... 01

NO ..... 00 ! **SKIP TO K18**

K16. What (is/are) the year(s), make(s), and model(s) of the car(s), truck(s), van(s), or motorcycle(s)?

**PROBE:**

Please include any vehicle owned by a household members.

19 |\_\_|\_\_| Make: \_\_\_\_\_ Model: \_\_\_\_\_

19 |\_\_|\_\_| Make: \_\_\_\_\_ Model: \_\_\_\_\_

19 |\_\_|\_\_| Make: \_\_\_\_\_ Model: \_\_\_\_\_

DON'T KNOW ..... -1 ! **ASK K17**

**SKIP TO K18**

K17. **INTERVIEWER: IF YEAR, MAKE OR MODEL ARE UNKNOWN, ASK:**

What is the approximate value of each vehicle owned by household members?

Vehicle 1: \$ \_\_\_\_\_

Vehicle 2: \$ \_\_\_\_\_

Vehicle 3: \$ \_\_\_\_\_

K18. (Including yourself, is anyone in your household/Are you) legally required to pay child support?

YES ..... 01

NO ..... 00 ! **SKIP TO L2**

K19. In total, how much child support (was paid by all members of your household/did you pay) last month?

\$ |\_\_|\_\_|,|\_\_|\_\_|\_\_| ! **SKIP TO L2**

DON'T KNOW ..... -1

REFUSED ..... -3

K20. Would you tell me which of the following ranges best describes the total amount of child support paid last month?

More than \$250 ..... 01 ! **SKIP TO K22**

Exactly \$250 ..... 02 ! **SKIP TO L2**

Less than \$250 ..... 03

DON'T KNOW/REFUSED ..... -3 ! **SKIP TO L2**

K21. Was it . . .

\$50 or less, ..... 01

Between \$51 and \$100, ..... 02

Between \$101 and \$150, ..... 03

Between \$151 and \$200, ..... 04

Or, between \$201 and \$250? ..... 05

DON'T KNOW/REFUSED ..... -3

**→ SKIP TO L2**

K22. Was it . . .

Between \$250 and \$300, . . . . .	01
Between \$301 and \$350, . . . . .	02
Between \$351 and \$400, . . . . .	03
Between \$401 and \$450, . . . . .	04
Or, over \$450? . . . . .	05
DON'T KNOW/REFUSED . . . . .	-3

**L. DEMOGRAPHIC INFORMATION**

**L1. NO QUESTION THIS VERSION.**

**L2. CODE WITHOUT ASKING: (ASK ONLY IF NOT OBVIOUS)** Are you male or female?

MALE ..... 01

FEMALE ..... 00

**L3. Are you now . . .**

Married, ..... 01

Living with someone as married, ..... 02

Widowed, ..... 03

Divorced, ..... 04

Separated, ..... 05

Or have you never been married? ..... 06

L4. What is the highest grade or level of school that you have completed?

FIRST GRADE .....	01
SECOND GRADE .....	02
THIRD GRADE .....	03
FOURTH GRADE .....	04
FIFTH GRADE .....	05
SIXTH GRADE .....	06
SEVENTH GRADE .....	07
EIGHTH GRADE .....	08
NINTH GRADE .....	09
TENTH GRADE .....	10
ELEVENTH GRADE .....	11
TWELFTH GRADE .....	12
GRADUATED HIGH SCHOOL (DIPLOMA) ..	13
GED .....	14
VOCATIONAL TRAINING PROGRAM CERTIFICATE .....	15
SOME COLLEGE .....	16
TWO- OR FOUR-YEAR COLLEGE DEGREE .....	17
OTHER (SPECIFY) .....	18
<hr/>	
<div>     _ _    _ _ </div>	
DON'T KNOW .....	-1
REFUSED .....	-3

L5. Are you Hispanic, Latino or of Spanish origin?

YES .....	01
NO .....	00
DON'T KNOW .....	-1
REFUSED .....	-3

L6. What is your racial background? Choose one or more of the following races . . .

**INTERVIEWER: ACCEPT AND RECORD MULTIPLE RESPONSES  
WITHOUT PROBING.**

White, . . . . . 01

Black or African American, . . . . . 02

American Indian or Alaska Native, . . . . . 03

Asian, . . . . . 04

Native Hawaiian or Other Pacific Islander? . . . . 05

OTHER (SPECIFY) . . . . . 06

\_\_\_\_\_ |\_\_|\_\_| |\_\_|\_\_|

DON'T KNOW . . . . . -1

REFUSED . . . . . -3

L7. Is everyone in your household a U.S. citizen?

YES . . . . . 01 ! **SKIP TO L8**

NO . . . . . 00

L7a. Is anyone in your household a U.S. citizen?

YES . . . . . 01

NO . . . . . 00

L8. These are all my questions. Thank you very much for your time.

<b>TIME ENDED:</b>  __ __ : __ __  AM....01 PM....02
--

**M. INTERVIEWER OBSERVATIONS**

(To be filled out after interview is completed.)

M1. In general, was the respondent's understanding of the questions?

CIRCLE ONE

EXCELLENT ..... 01

GOOD ..... 02

FAIR ..... 03

POOR ..... 04

M2. Did the respondent seem to have any trouble understanding English?

YES ..... 01

NO ..... 00

M3. Were there any questions that the respondent complained about?

YES ..... 01

NO ..... 00 ! **SKIP TO M4**

M3a. Please list the questions and describe the problems.

Question	Problem



M4. Were there any questions which the respondent didn't understand?

YES ..... 01

NO ..... 00 ! **SKIP TO M5**

M4a. Please list the questions and describe the problems.

Question	Problem

M5. Please describe any difficulties the respondent had which are not described above.

---

---

---

---

---

---

---

---

---

9 NONE

## 9 Elderly in Household

QC: CODER: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVIEWER ID #:  _ _ _ _ _ _ _ _ _ _	DATE:  _ _ _ _  /  _ _ _ _  / 19  _ _ _ _  MONTH DAY YEAR
MPR ID #:  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	TIME BEGAN:  _ _ _ _ : _ _ _ _  AM....01 PM....02

## WP & PE STUDY

### Main Questionnaire: Working Nonparticipant--Short

#### A. HOUSEHOLD COMPOSITION

A1s. How many people in your household are 60 years of age or older? By household I mean yourself and the people who currently live with you and share food with you.

**PROBE:** Include any persons who live with you more than half time.

|\_|\_|\_|

A2s. Including yourself, how many people in your household are under 18 years of age?

|\_|\_|\_|

A3s. Including yourself, how many people in your household currently work at a job for pay?

|\_|\_|\_|

NONE ..... 00 ! **SKIP TO C1**

A4s. Do you work at a job for pay?

YES ..... 01

NO ..... 00

**B. NO SECTION B**

**C. FSP PARTICIPATION HISTORY**

C1. Have you received food stamp benefits in the past 3 years?

YES ..... 01

NO ..... 00 ! **SKIP TO D1**

C2.-

C2a. **NO QUESTIONS THIS VERSION.**

C3. When was the last time you received food stamp benefits?

|\_|\_| 19 |\_|\_|  
MONTH YEAR

C3a. **INTERVIEWER: IS DATE MORE THAN THREE YEARS AGO?**

YES ..... 01 ! **SKIP TO D1**

NO ..... 00

DON'T KNOW ..... -1

C4. How did you get your food stamp benefits in (DATE FROM C3)? Did you get coupons or credit to an EBT card?

**PROBE:** In Colorado, the EBT card is called Colorado Quest.  
In Massachusetts, the EBT card is called an EBT card.  
In Texas, the EBT card is called the Lone Star card.  
No EBT card in Minnesota, North Carolina or Pennsylvania.

COUPONS ..... 01

EBT CARD ..... 02

C4a. What was the amount of food stamp benefits you received in (DATE FROM C3)?

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

C5. Did you stop receiving food stamp benefits in (DATE FROM C3) because you were notified that you were not eligible?

YES ..... 01 ! **SKIP TO C13a**

NO ..... 00

C6. Why did you stop participating in the food stamp program in (DATE FROM C3)?  
**RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_\_  
\_\_\_\_\_  
|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- NOT WORTH THE EFFORT FOR  
THE AMOUNT OF BENEFITS ..... 01
- NO LONGER NEEDED FOOD STAMP  
BENEFITS ..... 02
- EMBARRASSED USING FOOD STAMP  
BENEFITS ..... 03
- THOUGHT NO LONGER ELIGIBLE ..... 04
- THOUGHT SITUATION WOULD  
IMPROVE ..... 05
- HARD TO GET TO FOOD STAMP OFFICE .. 06
- PROCESS OF RECEIVING FOOD  
STAMP BENEFITS IS TOO LONG  
OR COMPLICATED ..... 07
- HAD TO ANSWER TOO MANY  
PERSONAL QUESTIONS ..... 08
- FAMILY MEMBERS DISAPPROVED  
OF MY/OUR RECEIVING FOOD  
STAMP BENEFITS ..... 09
- DO NOT LIKE TO RELY ON  
GOVERNMENT ASSISTANCE ..... 10
- OTHER PEOPLE NEEDED THEM MORE ... 11
- NOT TREATED WELL BY STAFF ..... 12
- OFFICE IS VERY UNPLEASANT ..... 13
- OFFICE IN AN UNSAFE  
NEIGHBORHOOD ..... 14
- OTHER (SPECIFY) ..... 15

\_\_\_\_\_  
|\_|\_|\_|\_|\_|\_|\_|

C7.-

C11. **NO QUESTIONS THIS VERSION.**

C12. In the past 3 years, did you ever stop receiving food stamp benefits because you were notified that you were not eligible?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

REFUSED ..... -3

→ **SKIP TO C13c**

C13. Thinking about the last time you were found ineligible to receive food stamp benefits, what were the reasons? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_\_

\_\_\_\_\_

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DID NOT SATISFY WORK  
REQUIREMENTS ..... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

\_\_\_\_\_

|\_|\_|\_|\_|\_|\_|\_|

DON'T KNOW ..... -1

**SKIP TO C13c**

C13a. Why were you found ineligible? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DID NOT SATISFY WORK  
REQUIREMENTS ..... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

---

|\_|\_|\_|\_|\_|\_|\_|

DON'T KNOW ..... -1

C13b. **NO QUESTION THIS VERSION.**



C13c. When you received food stamps in the past three years, did you ever do things so that people would not find out you received food stamp benefits?

**PROBE:** For example, some people try to use their food stamp benefits in stores where they are unlikely to meet anyone they know.

YES ..... 01

NO ..... 00

C14. Now I'm going to ask you some questions about your experiences with food stamp benefits over the past three years.

CIRCLE "YES" OR "NO"  
FOR EACH STATEMENT

	<u>YES</u>	<u>NO</u>
a. When using food stamp benefits in stores, were you sometimes treated disrespectfully by either employees or customers? .....	01	00
b. Were you embarrassed to use food stamp benefits? .....	01	00
c. Did you have any difficulties obtaining your monthly food stamp benefits? .....	01	00
d. Did you feel that you really needed food stamp benefits to make it through the month? .....	01	00
e. Did you have any difficulties doing all the paperwork needed to keep getting food stamp benefits? .....	01	00
f. Did you have any difficulties arranging meetings with your caseworker at convenient times? .....	01	00
g. Did food stamp office staff ever treat you disrespectfully? .....	01	00

C15. Did you experience other difficulties with food stamp benefits that you have not already mentioned? Please do not include any difficulties you had applying, we will ask about this later.

YES ..... 01

NO ..... 00 ! **SKIP TO D1**

C16. Please describe those difficulties. **RECORD VERBATIM**

---

---

---

--	--	--	--

**D. HISTORY OF APPLICATIONS**

D1. Have you applied for food stamp benefits in the past 3 years? By applied I mean have you at least completed a new application form?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO D8**

D2. When was the last time you applied for food stamp benefits?

|\_|\_| 19 |\_|\_|  
MONTH YEAR

D3. All these next questions refer to the last time you applied for food stamp benefits in (MONTH/YEAR FROM D2).

When you applied for food stamp benefits in (MONTH/YEAR FROM D2), did you also apply for any other kinds of public assistance such as Supplemental Security Income (or SSI), AFDC, [FILL STATE WELFARE NAME], Medicaid, or general assistance?

Colorado	Colorado Works
Massachusetts	Transitional Aid to Families with Dependent Children
Minnesota	MFIP Minnesota's Family Investment Program
North Carolina	Work First Benefits
Pennsylvania	TANF
Texas	TANF

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

D4a. The last time you applied, did you or someone else mail or take the application form to a food stamp office?

YES ..... 01 ! **SKIP TO D4c**

NO ..... 00

DON'T KNOW ..... -1

D4b. Did you or someone else mail or take the application for to an SSI office, a senior center, a hospital, a housing complex, or somewhere else?

CIRCLE ONE

AN SSI OFFICE, ..... 01

A SENIOR CENTER, ..... 02

A HOSPITAL, ..... 03

A HOUSING COMPLEX, OR ..... 04

SOMEWHERE ELSE? (PLEASE SPECIFY) . 05

\_\_\_\_\_ | | | | | | |

D4c. The last time you applied, did you apply yourself or did an authorized representative apply for you?

APPLIED MYSELF ..... 01

AUTHORIZED REPRESENTATIVE ..... 02

D4d. Where did (you/your authorized representative) have the interview with your caseworker?

AT FOOD STAMP OFFICE .....	01	} → <b>SKIP TO D4f</b>
AT SSI OFFICE .....	02	
AT A SENIOR CENTER .....	03	
AT A HOSPITAL .....	04	
AT A HOUSING COMPLEX .....	05	
SOMEWHERE ELSE (PLEASE SPECIFY) ...	06	
<hr/>		
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
AT HOME .....	07	

D4e. Did you have your interview by telephone or did a caseworker come to your home?

BY TELEPHONE .....	01
VISIT BY CASEWORKER .....	02

D4f. The last time you applied, did you take time off from work to apply for food stamp benefits?

YES .....	01
NO .....	00
DON'T KNOW .....	-1
DOESN'T WORK .....	-4

D4g. The last time you applied, did you have a lot of help with the application?

YES .....	01
NO .....	00
DON'T KNOW .....	-1

 } → **SKIP TO D5**

D4h. What type of help did you receive? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_| |\_|\_|\_|

CIRCLE ALL THAT APPLY

- TRANSPORTATION TO THE OFFICE . . . . . 01
- HAVING SOMEONE BE WITH ME  
AT THE FOOD STAMP OFFICE . . . . . 02
- HAVING SOMEONE ELSE GO TO  
OFFICE INSTEAD OF ME . . . . . 03
- TRANSLATION . . . . . 04
- HELP FILLING OUT APPLICATION . . . . . 05
- HELP OBTAINING NECESSARY  
DOCUMENTATION . . . . . 06
- OTHER (SPECIFY) . . . . . 07

---

|\_|\_|\_| |\_|\_|\_|

D4i. Who provided this help?

CIRCLE ALL THAT APPLY

- CASEWORKER . . . . . 01
- RELATIVE, FRIEND, OR NEIGHBOR . . . . . 02
- CLERGYMAN . . . . . 03
- COMMUNITY WORKER (OUTREACH  
WORKER OR LEGAL AID  
REPRESENTATIVE) . . . . . 04
- VOLUNTEER AT FOOD STAMP OFFICE . . . 05
- OTHER (SPECIFY) . . . . . 06

---

|\_|\_|\_| |\_|\_|\_|

D5. Which of the following reasons led you to apply for food stamp benefits in (MONTH, YEAR FROM D2)?

	<u>YES</u>	<u>NO</u>
a. Your household income fell? . . . . .	01	00
b. <b>NO QUESTION THIS VERSION.</b>		
c. The number of people in your household changed? . . . . .	01	00
d. <b>NO QUESTION THIS VERSION.</b>		
e. It was getting harder and harder to make ends meet? . . . .	01	00
f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)? . . . . .	01	00
g. <b>NO QUESTION THIS VERSION.</b>		
h. <b>NO QUESTION THIS VERSION.</b>		
i. You learned about the program or your eligibility for food stamp benefits? . . . . .	01	00
j. Some other reason? (SPECIFY) . . . . .	01	00
_____		
_____		
	_ _	_ _

D5a.-

D6. **NO QUESTIONS THIS VERSION.**

D7. Now I am going to ask you some questions about your experiences applying for food stamp benefits over the past 3 years.

		CIRCLE "YES" OR "NO"		
		YES	NO	N/A
a.	Was it difficult or expensive for you to get transportation to the food stamp office? .....	01	00	--
b.	Did you have to go to the food stamp office even though your health or disability made it difficult? .....	01	00	--
c.	Was it difficult for you to take time off from work to apply for food stamp benefits? .....	01	00	-4
d.	Did you lose wages when you went to apply for food stamp benefits? .....	01	00	-4
e.	Did you have to arrange for care of someone in your home so that you could go to the food stamp office? .....	01	00	--
f.	Did you have to wait a long time to be served at the food stamp office? .....	01	00	--
<b>PROBE:</b> A long time from your point of view.				
g.	Were staff at the food stamp office disrespectful? .....	01	00	--
h.	Do you think the application form was too long and complicated? .....	01	00	--
i.	Did your caseworker ask you questions that were too personal? .....	01	00	--
j.	Was it difficult for you to get all the necessary paperwork? .....	01	00	--
k.	Did you feel embarrassed having to apply for food stamps?	01	00	--

D7a. Did you experience other difficulties applying for food stamp benefits that you have not already mentioned?

YES ..... 01

NO ..... 00 ! **SKIP TO D8**



D7b. Please describe those difficulties. **RECORD VERBATIM**

---

---

---

|\_|\_|\_|\_|\_|\_|\_|

D8. In the past 3 years, did you ever begin the food stamp application process and not complete it?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

REFUSED ..... -3

→ **SKIP TO D10**

D9. Why didn't you complete the application process at that time?  
**RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

CIRCLE ALL THAT APPLY

- DIDN'T THINK ELIGIBLE ..... 01
- BENEFIT TOO LOW ..... 02
- APPLICATION TOO TIME-CONSUMING ..... 03
- APPLICATION FORM TOO COMPLICATED ..... 04
- APPLICATION TOO PERSONAL ..... 05
- TOO MUCH PAPERWORK ..... 06
- DIDN'T KNOW HOW TO COMPLETE  
THE PROCESS ..... 07
- NOT TREATED WELL BY STAFF ..... 08
- STIGMA/EMBARRASSMENT/PRIDE ..... 09
- HEALTH/MOBILITY PROBLEMS ..... 10
- LANGUAGE/LITERACY PROBLEMS ..... 11
- MY SITUATION CHANGED ..... 12
- TRANSPORTATION PROBLEM ..... 13
- HARD TO GET TIME OFF WORK ..... 14
- LOSE WAGES WHEN I GO TO  
FOOD STAMP OFFICE ..... 15
- OTHER (SPECIFY) ..... 16

\_\_\_\_\_

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

D10. In the past 3 years, have you applied for food stamp benefits and been found ineligible?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO D12**

D11. Thinking about the last time you applied for food stamp benefits and were found ineligible, why were you found ineligible? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_\_

\_\_\_\_\_

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DID NOT SATISFY WORK REQUIREMENTS .... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

\_\_\_\_\_

DON'T KNOW ..... -1

D12. In the past 3 years, have you ever been found eligible for food stamp benefits but not used them?

**PROBE:** By that I mean, you were found to be eligible for food stamp benefits and you did not pick them up or you received them but did not use any of them.

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

 **SKIP TO E1**

D13. The last time that happened, why didn't you use them? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

EMBARRASSED TO USE FOOD STAMP BENEFITS ..... 01

NOT TREATED WELL IN FOOD STORES ..... 02

NO STORES NEARBY THAT ACCEPT FOOD STAMP BENEFITS ..... 03

DID NOT LIKE TO SHOP AT STORES THAT ACCEPT FOOD STAMP BENEFITS ..... 04

NOT TREATED WELL BY OFFICE/ PROGRAM ..... 05

TOO HARD TO PICK UP COUPONS/STAMPS ... 06

STAMPS OR EBT CARD WERE LOST OR STOLEN ..... 07

BENEFIT AMOUNT WAS TOO SMALL ..... 08

DID NOT NEED FOOD STAMPS ..... 09

OTHER (SPECIFY) ..... 10

---

|\_|\_|\_|\_|\_|\_|\_|

**GO TO E1**

D14. Have you contacted the food stamp office to ask about food stamp benefits in the past 3 years?

YES ..... 01

NO ..... 00 ! **SKIP TO E1**

D15.-

D16b. **NO QUESTIONS THIS VERSION.**

D16c. Why didn't you complete an application form at that time? **RECORD  
VERBATIM AND CIRCLE ALL THAT APPLY.**

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- DIDN'T THINK ELIGIBLE ..... 01
- BENEFIT TOO LOW ..... 02
- APPLICATION TOO TIME-CONSUMING ..... 03
- APPLICATION FORM TOO COMPLICATED ..... 04
- APPLICATION TOO PERSONAL ..... 05
- TOO MUCH PAPERWORK ..... 06
- DIDN'T KNOW HOW TO COMPLETE  
THE PROCESS ..... 07
- NOT TREATED WELL BY STAFF ..... 08
- STIGMA/EMBARRASSMENT/PRIDE ..... 09
- HEALTH/MOBILITY PROBLEMS ..... 10
- LANGUAGE/LITERACY PROBLEMS ..... 11
- MY SITUATION CHANGED ..... 12
- TRANSPORTATION PROBLEM ..... 13
- HARD TO GET TIME OFF WORK ..... 14
- LOSE WAGES WHEN I GO TO  
FOOD STAMP OFFICE ..... 15
- OTHER (SPECIFY) ..... 16

---

|\_|\_|\_|\_|\_|\_|\_|

D17.-

D21. **NO QUESTIONS THIS VERSION.**

## E. NONPARTICIPATION

Now I would like to talk to you about the reasons you currently do not use food stamps.

	E1.			E2. Is this an important reason you don't use food stamp benefits?			E4.
	YES	NO	DON'T KNOW	YES	NO	DON'T KNOW	MOST IMPORTANT REASON
a. Do you know where to go or who to contact to apply for food stamp benefits? .....	<b>SKIP</b> 01 ! TO E1b 00 -1			01	00	-1	01
b. Do you think you are currently eligible for food stamp benefits? .....	<b>SKIP</b> 01 ! TO E1c 00 -1			01	00	-1	02
c. Do you think it would be hard to get to the food stamp office? .....	01	<b>SKIP</b> 00 ! TO E1d	<b>SKIP</b> -1 ! TO E1d	01	00	-1	03
d. Do you think the application process is too long and complicated? .....	01	<b>SKIP</b> 00 ! TO E1e	<b>SKIP</b> -1 ! TO E1e	01	00	-1	04
e. Do you think you would have to answer questions that are too personal when applying for food stamp benefits? .....	01	<b>SKIP</b> 00 ! TO E1f	<b>SKIP</b> -1 ! TO E1f	01	00	-1	05
f. Do you think you would feel embarrassed <u>applying</u> for food stamp benefits? .....	01	<b>SKIP</b> 00 ! TO E1g	<b>SKIP</b> -1 ! TO E1g	01	00	-1	06
g. Do you think you would be eligible for only a small amount of food stamp benefits? .....	01	<b>SKIP</b> 00 ! TO E1h	<b>SKIP</b> -1 ! TO E1h	01	00	-1	07
h. Can you get by on your own without food stamp benefits? .....	01	<b>SKIP</b> 00 ! TO E1i	<b>SKIP</b> -1 ! TO E1i	01	00	-1	08
i. Do you feel that others need food stamp benefits more than you do? ..	01	<b>SKIP</b> 00 ! TO E1j	<b>SKIP</b> -1 ! TO E1j	01	00	-1	09
j. Would you feel embarrassed <u>using</u> food stamp benefits? .....	01	<b>SKIP</b> 00 ! TO E1k	<b>SKIP</b> -1 ! TO E1k	01	00	-1	10
k. Would you dislike relying on government assistance? .....	01	<b>SKIP</b> 00 ! TO E1l	<b>SKIP</b> -1 ! TO E1l	01	00	-1	11
l. Would other family members or friends discourage you from using food stamp benefits? .....	01	<b>SKIP</b> 00 ! TO E1m	<b>SKIP</b> -1 ! TO E1m	01	00	-1	12
m. Do you think that staff at the food stamp office would treat you disrespectfully? .....	01	<b>SKIP</b> 00 ! TO E1n	<b>SKIP</b> -1 ! TO E1n	01	00	-1	13
n. Do you think that the food stamp office would be very unpleasant or you would not be safe? .....	01	<b>SKIP</b> 00 ! TO E1o	<b>SKIP</b> -1 ! TO E1o	01	00	-1	14
o. Do you think your need for food stamp benefits is only temporary? ...	01	<b>SKIP</b> 00 ! TO E1p	<b>SKIP</b> -1 ! TO E1p	01	00	-1	15

<p>p. Are there other important reasons why you do not use food stamp benefits that we have not just mentioned? .....</p> <p><b>RECORD VERBATIM BELOW:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>01</p> <p>00 !</p> <p><b>SKIP</b> <b>TO E3</b></p> <p>-1 !</p> <p><b>SKIP</b> <b>TO E3</b></p>	<p>01</p> <p>00</p> <p>-1</p>	<p>16</p>
---	---	-------------------------------	-----------



E3. **INTERVIEWER: HOW MANY “YESES” ARE CIRCLED IN QUESTION E2?**

NONE .....	00	} → <b>SKIP TO E5</b>
ONE .....	01	
MORE THAN ONE .....	02	

E4. Of all the reasons you gave (READ IMPORTANT REASONS FROM E2 IF NECESSARY), what is the most important reason you do not currently use food stamp benefits? **RECORD IN COLUMN MARKED E4.**

E5. **INTERVIEWER: WAS THE RESPONSE TO E1b “YES”?**

YES .....	01
NO .....	00 ! <b>SKIP TO E7</b>

E6. You said you think you are currently eligible for food stamp benefits. How much in food stamp benefits do you think you would qualify for each month? Your best estimate is fine.

CIRCLE ONE RESPONSE

\$10 OR LESS .....	01
BETWEEN \$11 AND \$25 .....	02
BETWEEN \$26 AND \$50 .....	03
BETWEEN \$51 AND \$100 .....	04
BETWEEN \$101 AND \$150 .....	05
BETWEEN \$151 AND \$200 .....	06
BETWEEN \$201 AND \$300 .....	07
MORE THAN \$300 .....	08
DON'T KNOW .....	-1

**GO TO E9**

- E7. You said you think you are not currently eligible for food stamp benefits. Why do you think that you are not eligible to receive food stamp benefits? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_\_  
\_\_\_\_\_  
|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01  
TOO MANY ASSETS ..... 02  
MISSING PAPERWORK ..... 03  
CITIZENSHIP STATUS ..... 04  
DO NOT SATISFY WORK  
REQUIREMENTS ..... 05  
ON STRIKE FROM JOB ..... 06  
OTHER (SPECIFY) ..... 07

\_\_\_\_\_  
|\_|\_|\_|\_|\_|

DON'T KNOW ..... -1

- E8. Do you think you are currently ineligible because you were told by someone at the food stamp office that you are ineligible?

YES ..... 01  
NO ..... 00 ! **SKIP TO E8b**

- E8a. Were you told this within the last month, within the last three months, within the last year, or more than one year ago?

WITHIN THE LAST MONTH ..... 01  
WITHIN THE LAST 3 MONTHS ..... 02  
WITHIN THE LAST YEAR ..... 03  
MORE THAN ONE YEAR AGO ..... 04  
DON'T KNOW ..... -1

E8b. Were you told by someone at another program that you are ineligible for food stamp benefits?

YES ..... 01 ! **SKIP TO E9**

NO ..... 00

DON'T KNOW ..... -1

E8c. Do you think you are ineligible because you know someone like you who is ineligible?

YES ..... 01

NO ..... 00

E9. **INTERVIEWER: WAS THE RESPONSE TO E1c "YES"?**

YES ..... 01

NO ..... 00 ! **SKIP TO E11**

E10. You said you think it would be hard to get to the food stamp office. Is this . . .

	<u><b>YES</b></u>	<u><b>NO</b></u>
a. Because it is difficult or expensive to get transportation? .....	01	00
b. Because of difficulties you have getting around? .....	01	00
c. Because of difficulties you would have taking time off work? .....	01	00
d. Because you would lose pay going to the food stamp office? .....	01	00
e. Because you would have to pay for someone to take care of someone in your home? .....	01	00
f. Because of some other reason I haven't mentioned? (PLEASE SPECIFY) .....	01	00

\_\_\_\_\_

|\_|\_| |\_|\_|

E11. **INTERVIEWER: WAS THE RESPONSE TO E1d “YES”?**

YES ..... 01

NO ..... 00 ! **SKIP TO E13**

E12. You think the application process would be too long and complicated. Is this . . .

	<u>YES</u>	<u>NO</u>
a. Because you think you would have to wait a long time to be served? .....	01	00
<b>PROBE:</b> A long time from your point of view.		
b. Because you think the application form is too long and complicated? .....	01	00
c. Because you think it would be difficult to get all the necessary paperwork? .....	01	00
d. Because of some other reason I haven't mentioned? ..... (PLEASE SPECIFY) .....	01	00
_____		
_ _   _ _		

E12a. **INTERVIEWER: WAS THE RESPONSE TO PART “a” OF E12 “YES”?**

YES ..... 01

NO ..... 00 ! **SKIP TO E13**

E12b. You said you would have to wait a long time to be served. How long do you think you would have to wait? Would it be . . .

15 minutes or less? ..... 01

16 to 30 minutes? ..... 02

31 minutes to one hour? ..... 03

Or, more than one hour? ..... 04

DON'T KNOW ..... -1

E13. **INTERVIEWER: WAS THE RESPONSE TO E1e “YES”?**

YES ..... 01

NO ..... 00 ! **SKIP TO E15**

E14. You said you would have to answer questions that were too personal. What type of questions do you feel are too personal?

CIRCLE ALL THAT APPLY

WHO LIVES IN HOUSEHOLD ..... 01

CITIZENSHIP ..... 02

DISABILITIES ..... 03

RESOURCES/ASSETS ..... 04

INCOME ..... 05

MEDICAL EXPENSES ..... 06

DEPENDENT-CARE EXPENSES ..... 07

SHELTER EXPENSES ..... 08

CHILD-SUPPORT PAYMENTS ..... 09

OTHER (SPECIFY) ..... 10

\_\_\_\_\_ |\_\_| |\_\_|

E15. **INTERVIEWER: WAS THE RESPONSE TO E1g “YES”?**

YES ..... 01

NO ..... 00 ! **SKIP TO E17**

E16. You said you think you are eligible for only a small amount of food stamp benefits.

E16a. Were you told by someone at a food stamp office that you were eligible for only a small amount of food stamp benefits?

YES .....	01	
NO .....	00	] → <b>SKIP TO E16c</b>
DON'T KNOW .....	-1	

E16b. Were you told this within the last month, within the last three months, within the last year, or more than one year ago?

WITHIN LAST MONTH .....	01
WITHIN LAST 3 MONTHS .....	02
WITHIN THE LAST YEAR .....	03
MORE THAN ONE YEAR AGO .....	04
DON'T KNOW .....	-1

**GO TO E17**

E16c. Were you told by someone at another program that you were eligible for only a small amount of food stamp benefits?

YES .....	01 !	<b>SKIP TO E17</b>
NO .....	00	
DON'T KNOW .....	-1	

E16d. Do you think that you would receive only a small amount of benefits because you know someone like you who receives only a small amount of benefits?

YES .....	01
NO .....	00
DON'T KNOW .....	-1

E17. INTERVIEWER: WAS THE RESPONSE TO E1n “YES”?

YES ..... 01  
 NO ..... 00 ! **SKIP TO E19**

E18. You thought the food stamp office would be very unpleasant or you would not be safe? Is this . . .

	<u>YES</u>	<u>NO</u>
a. Because the inside of the building would be unpleasant? .....	01	00
b. Because you wouldn't like waiting with the other applicants? .....	01	00
c. Because the office would be in an unsafe neighborhood? .....	01	00
d. Because of something else? (SPECIFY) .....	01	00
<hr/> <div style="text-align: right;"> _ _   _ _ </div>		

E19. Do you agree with the statement made by some people that “its OK to receive food stamp benefits if you pay taxes”?

YES ..... 01  
 NO ..... 00

**F. NO SECTION F**

**G. FOOD SECURITY**

G1. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (MONTH 12 MONTHS AGO).

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

Often true . . . . . 01  
Sometimes true . . . . . 02  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

G2.-

G4. **NO QUESTIONS THIS VERSION.**

G4s. **INTERVIEWER: CHECK QUESTION A2s. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES . . . . . 01  
NO . . . . . 00 ! **SKIP TO G9**

G5. "(I/We) relied on only a few kinds of low-cost food to feed (my/our) child/the children) because (I was/we were) running out of money to buy food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

**PROBE:** By low-cost food we mean rice, beans, macaroni products, bread, or potatoes, or foods like that.

Often true . . . . . 01  
Sometimes true . . . . . 02  
Never true . . . . . 03  
DON'T KNOW . . . . . -1



G6.-

G8. **NO QUESTIONS THIS VERSION.**

G9. In the last 12 months, since last (MONTH 12 MONTHS AGO), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO G13**

G9a. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month ..... 01

Some months but not every month ..... 02

Only 1 or 2 months ..... 03

DON'T KNOW ..... -1

G10.-

G12. **NO QUESTIONS THIS VERSION.**

G13. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO G14s**

G14. **NO QUESTION THIS VERSION.**

G14s. **INTERVIEWER: CHECK QUESTION A2s. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES ..... 01

NO ..... 00 ! **SKIP TO L1**

G15. **NO QUESTION THIS VERSION.**

G16. The next questions are about children living in the household who are under 18 years old.

In the last 12 months, since (CURRENT MONTH) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

G17.-

G19. **NO QUESTIONS THIS VERSION.**

H. NO SECTION H

I. NO SECTION I

J. NO SECTION J

K. NO SECTION K

L. DEMOGRAPHIC INFORMATION

L1. Now, I have just a few final questions.

Can you tell me your age?

|\_|\_| / |\_|\_| / 19 |\_|\_|  
MONTH DAY YEAR

OR |\_|\_| YEARS OLD

L2. **CODE WITHOUT ASKING: (ASK ONLY IF NOT OBVIOUS)** Are you male or female?

MALE ..... 01

FEMALE ..... 00

L3. Are you now . . .

Married, ..... 01

Living with someone as married, ..... 02

Widowed, ..... 03

Divorced, ..... 04

Separated, ..... 05

Or have you never been married? ..... 06

L4. What is the highest grade or level of school that you have completed?

FIRST GRADE .....	01
SECOND GRADE .....	02
THIRD GRADE .....	03
FOURTH GRADE .....	04
FIFTH GRADE .....	05
SIXTH GRADE .....	06
SEVENTH GRADE .....	07
EIGHTH GRADE .....	08
NINTH GRADE .....	09
TENTH GRADE .....	10
ELEVENTH GRADE .....	11
TWELFTH GRADE .....	12
GRADUATED HIGH SCHOOL (DIPLOMA) ..	13
GED .....	14
VOCATIONAL TRAINING PROGRAM CERTIFICATE .....	15
SOME COLLEGE .....	16
TWO- OR FOUR-YEAR COLLEGE DEGREE .....	17
OTHER (SPECIFY) .....	18
<hr/>	
_ _   _ _	
DON'T KNOW .....	-1
REFUSED .....	-3

L5. Are you Hispanic, Latino or of Spanish origin?

YES .....	01
NO .....	00
DON'T KNOW .....	-1
REFUSED .....	-3

L6. What is your racial background? Choose one or more of the following races . . .

**INTERVIEWER: ACCEPT AND RECORD MULTIPLE RESPONSES WITHOUT PROBING.**

White, . . . . . 01

Black or African American, . . . . . 02

American Indian or Alaska Native, . . . . . 03

Asian, . . . . . 04

Native Hawaiian or Other Pacific Islander? . . . . 05

OTHER (SPECIFY) . . . . . 06

\_\_\_\_\_  
|\_|\_|\_|\_|  
DON'T KNOW . . . . . -1  
REFUSED . . . . . -3

L7-  
L7a. **NO QUESTIONS THIS VERSION.**

L8. These are all my questions. Thank you very much for your time.

<b>TIME ENDED:</b>  _ _ _ : _ _  AM....01 PM....02
--

**M. INTERVIEWER OBSERVATIONS**

(To be filled out after interview is completed.)

M1. In general, was the respondent's understanding of the questions?

CIRCLE ONE

EXCELLENT ..... 01

GOOD ..... 02

FAIR ..... 03

POOR ..... 04

M2. Did the respondent seem to have any trouble understanding English?

YES ..... 01

NO ..... 00

M3. Were there any questions that the respondent complained about?

YES ..... 01

NO ..... 00 ! **SKIP TO M4**

M3a. Please list the questions and describe the problems.

Question	Problem

M4. Were there any questions which the respondent didn't understand?

YES ..... 01

NO ..... 00 ! **SKIP TO M5**

M4a. Please list the questions and describe the problems.

Question	Problem

M5. Please describe any difficulties the respondent had which are not described above.

---

---

---

---

---

---

---

---

9 NONE





INTERVIEWER ID #:  _ _ _ _ _ _ _ _ _ _	DATE:  _ _ _ _  /  _ _ _ _  / 19  _ _ _ _  MONTH DAY YEAR
MPR ID #:  _ _ _ _ _ _ _ _ _ _ _ _ _ _	TIME BEGAN:  _ _ _ : _ _ _  AM....01 PM....02

## WP & PE STUDY

### Main Questionnaire: Working Participant--Short

#### A. HOUSEHOLD COMPOSITION

A1s. How many people in your household are 60 years of age or older? By household I mean yourself and the people who currently live with you and share food and other resources.

**PROBE:** Include any persons who live with you more than half time.

|\_|\_|\_|

A2s. Including yourself, how many people in your household are under 18 years of age?

|\_|\_|\_|

A3s. Including yourself, how many people in your household currently work at a job for pay?

|\_|\_|\_|

NONE ..... 00 ! **SKIP TO C4**

A4s. Do you work at a job for pay?

YES ..... 01

NO ..... 00

**B. NO SECTION B**

**C. FSP PARTICIPATION HISTORY**

C1.-

C3. **NO QUESTIONS THIS VERSION.**

C4. How do you currently get your food stamp benefits each month? Do you get coupons or credit to an EBT card?

**PROBE:** In Colorado, the EBT card is called Colorado Quest.  
In Massachusetts, the EBT card is called an EBT card.  
In Texas, the EBT card is called the Lone Star card.  
No EBT card in Minnesota, North Carolina or Pennsylvania.

COUPONS ..... 01

EBT CARD ..... 02

C4a.-

C11. **NO QUESTIONS THIS VERSION.**

C12. In the past 3 years, did you ever stop receiving food stamp benefits because you were notified that you were not eligible?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

REFUSED ..... -3

→ **SKIP TO C13c**

C13. Thinking about the last time you were found ineligible to receive food stamp benefits, what were the reasons? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- INCOME TOO HIGH ..... 01
- TOO MANY ASSETS ..... 02
- MISSING PAPERWORK ..... 03
- CITIZENSHIP STATUS ..... 04
- DID NOT SATISFY WORK  
REQUIREMENTS ..... 05
- ON STRIKE FROM JOB ..... 06
- OTHER (SPECIFY) ..... 07

---

|\_|\_|\_|\_|\_|\_|\_|

DON'T KNOW ..... -1

C13a.-

C13b. **NO QUESTIONS THIS VERSION.**

C13c. Do you ever do things so that people will not find out you receive food stamp benefits?

**PROBE:** For example, some people try to use their food stamp benefits in stores where they are unlikely to meet anyone they know.

- YES ..... 01
- NO ..... 00

C14. Now I'm going to read some statements about experiences with food stamp benefits.

**CIRCLE "YES" OR "NO"**  
**FOR EACH STATEMENT**

YES

NO

- |    |  |    |    |
|----|--|----|----|
| a. | When using food stamp benefits in stores are you sometimes treated disrespectfully by either employees or other customers? . . . . | 01 | 00 |
| b. | Are you embarrassed to use food stamp benefits? . . . . .  | 01 | 00 |
| c. | Do you have any difficulties obtaining your monthly food stamp benefits? . . . . .   | 01 | 00 |
| d. | Do you feel that you really need food stamp benefits to make it through the month? . . .   | 01 | 00 |
| e. | Do you have any difficulties doing all the paperwork needed to keep getting food stamp benefits? . . . . .                         | 01 | 00 |
| f. | Do you have any difficulties arranging meetings with your caseworker at convenient times . . . . .                                 | 01 | 00 |
| g. | Do food stamp office staff ever treat you disrespectfully? . . . . .   | 01 | 00 |

C15. Have you experienced other difficulties with food stamp benefits that you have not already mentioned? Please do not include any difficulties you had applying, we will ask about this later.

YES ..... 01

NO ..... 00 ! **SKIP TO D2**

C16. Please describe those difficulties. **RECORD VERBATIM**

---

---

---

**D. HISTORY OF APPLICATIONS**

**D1. NO QUESTION THIS VERSION.**

D2. When was the last time you applied for food stamp benefits?

|\_|\_|\_| 19 |\_|\_|\_|  
MONTH YEAR

D3. All these next questions refer to the last time you applied for food stamp benefits in (MONTH YEAR FROM D2).

When you applied for food stamp benefits in (MONTH/YEAR FROM D2), did you also apply for any other kinds of public assistance such as Supplemental Security Income (or SSI) AFDC, [FILL STATE WELFARE NAME], Medicaid, or general assistance?

Colorado	Colorado Works
Massachusetts	Transitional Aid to Families with Dependent Children
Minnesota	MFIP Minnesota's Family Investment Program
North Carolina	Work First Benefits
Pennsylvania	TANF
Texas	TANF

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

D4a. The last time you applied, did you or someone else mail or take the application form to a food stamp office?

YES ..... 01 ! **SKIP TO D4c**

NO ..... 00

DON'T KNOW ..... -1

D4b. Did you or someone else mail or take the application form to an SSI office, a senior center, a hospital, a housing complex, or somewhere else?

CIRCLE ONE

AN SSI OFFICE, ..... 01

A SENIOR CENTER, ..... 02

A HOSPITAL, ..... 03

A HOUSING COMPLEX, OR ..... 04

SOMEWHERE ELSE? (PLEASE SPECIFY) .. 05

\_\_\_\_\_ | | | | | |

D4c. The last time you applied, did you apply yourself or did an authorized representative apply for you?

APPLIED MYSELF ..... 01

AUTHORIZED REPRESENTATIVE ..... 02

D4d. Where did (you/your authorized representative) have the interview with your caseworker?

AT FOOD STAMP OFFICE ..... 01  
AT SSI OFFICE ..... 02  
AT A SENIOR CENTER ..... 03  
AT A HOSPITAL ..... 04  
AT A HOUSING COMPLEX ..... 05  
SOMEWHERE ELSE (PLEASE SPECIFY) ... 06

 **SKIP TO D4f**

\_\_\_\_\_  
|\_|\_| |\_|\_|  
AT HOME ..... 07

D4e. Did you have your interview by telephone or did a caseworker come to your home?

BY TELEPHONE ..... 01  
VISIT BY CASEWORKER ..... 02

D4f. The last time you applied, did you take time off from work to apply for food stamp benefits?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1  
DOESN'T WORK ..... -4

D4g.-

D4i. **NO QUESTIONS THIS VERSION.**

D5.-

D6. **NO QUESTIONS THIS VERSION.**



D7. Now I am going to ask you some questions about your experiences applying for food stamp benefits over the past 3 years.

CIRCLE "YES" OR "NO"			
	<u>YES</u>	<u>NO</u>	<u>N/A</u>
a. Was it difficult or expensive for you to get transportation to the food stamp office? . . . . .	01	00	--
b. Did you have to go to the food stamp office even though your health or disability made it difficult? . . . . .	01	00	--
c. Was it difficult for you to take time off from work to apply for food stamp benefits? . . . . .	01	00	-4
d. Did you lose wages when you went to apply for food stamp benefits? . . . . .	01	00	-4
e. Did you have to arrange for care of someone in your home so that you could go to the food stamp office? . . . . .	01	00	--
f. Did you have to wait a long time to be served at the food stamp office? . . . . .	01	00	--
<b>PROBE:</b> A long time from your point of view.			
g. Were staff at the food stamp office disrespectful? . . . . .	01	00	--
h. Do you think the application form was too long and complicated? . . . . .	01	00	--
i. Did your caseworker ask you questions that were too personal? . . . . .	01	00	--
j. Was it difficult for you to get all the necessary paperwork? . . . . .	01	00	--
k. Did you feel embarrassed having to apply for food stamps? . . . . .	01	00	--

D7a. Did you experience other difficulties applying for food stamp benefits that you have not already mentioned?

YES . . . . . 01  
 NO . . . . . 00 ! **SKIP TO D8**

D7b. Please describe those difficulties. **RECORD VERBATIM**

---

---

---

|\_|\_|\_|\_|

D8. In the past 3 years, did you ever begin the food stamp application process and not complete it?

- |                  |    |                        |
|------------------|----|------------------------|
| YES .....        | 01 |                        |
| NO .....         | 00 | } → <b>SKIP TO D10</b> |
| DON'T KNOW ..... | -1 |                        |
| REFUSED .....    | -3 |                        |

D9. Why didn't you complete the application process at that time?

**RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

CIRCLE ALL THAT APPLY

- DIDN'T THINK ELIGIBLE ..... 01
- BENEFIT TOO LOW ..... 02
- APPLICATION TOO TIME-CONSUMING .. 03
- APPLICATION FORM TOO  
COMPLICATED ..... 04
- APPLICATION TOO PERSONAL ..... 05
- TOO MUCH PAPERWORK ..... 06
- DIDN'T KNOW HOW TO COMPLETE  
THE PROCESS ..... 07
- NOT TREATED WELL BY STAFF ..... 08
- STIGMA/EMBARRASSMENT/PRIDE ..... 09
- HEALTH/MOBILITY PROBLEMS ..... 10
- LANGUAGE/LITERACY PROBLEMS ..... 11
- MY SITUATION CHANGED ..... 12
- TRANSPORTATION PROBLEM ..... 13
- HARD TO GET TIME OFF WORK ..... 14
- LOSE WAGES WHEN I GO TO  
FOOD STAMP OFFICE ..... 15
- OTHER (SPECIFY) ..... 16

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

D10. In the past 3 years, have you applied for food stamp benefits and been found ineligible?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1



**SKIP TO D12**

D11. Thinking about the last time you applied for food stamp benefits and were found ineligible, why were you found ineligible? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DID NOT SATISFY WORK  
REQUIREMENTS ..... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

---

|\_|\_|\_|\_|\_|\_|\_|

DON'T KNOW ..... -1

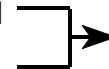
D12. In the past 3 years, have you ever been found eligible for food stamp benefits but not used them?

**PROBE:** By that I mean, you were found to be eligible for food stamp benefits and you did not pick them up or you received them but did not use any of them.

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1



**SKIP TO D17**

D13. The last time that happened, why didn't you use them? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

CIRCLE ALL THAT APPLY

EMBARRASSED TO USE FOOD STAMP  
BENEFITS ..... 01

NOT TREATED WELL IN FOOD  
STORES. .... 02

NO STORES NEARBY THAT ACCEPT  
FOOD STAMP BENEFITS ..... 03

DID NOT LIKE TO SHOP AT  
STORES THAT ACCEPT FOOD  
STAMP BENEFITS ..... 04

NOT TREATED WELL BY OFFICE/  
PROGRAM ..... 05

TOO HARD TO PICK UP COUPONS/  
STAMPS ..... 06

STAMPS OR EBT CARD WERE LOST  
OR STOLEN ..... 07

BENEFIT AMOUNT WAS TOO SMALL ... 08

DID NOT NEED FOOD STAMPS ..... 09

OTHER (SPECIFY) ..... 10

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

D14.-  
D16. **NO QUESTIONS THIS VERSION.**

D17. Now I would like to talk to you about some things that may have helped you decide to use food stamp benefits.

CIRCLE "YES" OR "NO"  
FOR EACH STATEMENT

	<u>YES</u>	<u>NO</u>
a. Did you receive a lot of help with the application? .....	01	00
b. Did other family members or friends encourage you to get food stamp benefits? .....	01	00
c. Do you feel it's OK to receive food stamp benefits because you pay taxes? .....	01	00
d. Do you feel you couldn't get by on your own without food stamp benefits? .....	01	00
e. Are you uncomfortable getting food from family, friends, charities, or other programs? .....	01	00

D18. Are there other circumstances that I haven't mentioned that helped you decide to use food stamp benefits?

YES ..... 01


NO ..... 00

(PLEASE SPECIFY):

\_\_\_\_\_

\_\_\_\_\_

|\_|\_| |\_|\_|



D19. **INTERVIEWER: CHECK QUESTION D17a. DID THEY RECEIVE A LOT OF HELP WITH THE APPLICATION?**

YES ..... 01

NO ..... 00 ! **SKIP TO G1**

D20. You said you received a lot of help with the application, what type of help did you receive? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

CIRCLE ALL THAT APPLY

- TRANSPORTATION TO THE OFFICE ..... 01
- HAVING SOMEONE BE WITH ME  
AT THE FOOD STAMP OFFICE ..... 02
- HAVING SOMEONE ELSE GO TO  
OFFICE INSTEAD OF ME ..... 03
- TRANSLATION ..... 04
- HELP FILLING OUT APPLICATION ..... 05
- HELP OBTAINING NECESSARY  
DOCUMENTATION ..... 06
- OTHER (SPECIFY) ..... 07

\_\_\_\_\_

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

D21. Who provided this help?

CIRCLE ALL THAT APPLY

- CASEWORKER ..... 01
- RELATIVE, FRIEND, OR NEIGHBOR ..... 02
- CLERGYMAN ..... 03
- COMMUNITY WORKER (OUTREACH  
WORKER OR LEGAL AID  
REPRESENTATIVE) ..... 04
- VOLUNTEER AT FOOD STAMP OFFICE ... 05
- OTHER (SPECIFY) ..... 06

\_\_\_\_\_

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|



**E. NO SECTION E**

**F. NO SECTION F**

**G. FOOD SECURITY**

G1. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (MONTH 12 MONTHS AGO).

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

Often true ..... 01

Sometimes true ..... 02

Never true ..... 03

DON'T KNOW ..... -1

G2.-

G4. **NO QUESTIONS THIS VERSION.**

G4s. **INTERVIEWER: CHECK QUESTION A2s. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES ..... 01

NO ..... 00 ! **SKIP TO G9**

G5. “(I/We) relied on only a few kinds of low-cost food to feed (my/our) child/the children) because (I was/we were) running out of money to buy food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

**PROBE:** By low-cost food we mean rice, beans, macaroni products, bread, or potatoes, or foods like that.

Often true . . . . . 01  
 Sometimes true . . . . . 02  
 Never true . . . . . 03  
 DON'T KNOW . . . . . -1

G6.-

G8. **NO QUESTIONS THIS VERSION.**

G9. In the last 12 months, since last (MONTH 12 MONTHS AGO), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

YES . . . . . 01  
 NO . . . . . 00  
 DON'T KNOW . . . . . -1

} → **SKIP TO G13**

G9a. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month . . . . . 01  
 Some months but not every month . . . . . 02  
 Only 1 or 2 months . . . . . 03  
 DON'T KNOW . . . . . -1

G10.-

G12. **NO QUESTIONS THIS VERSION.**

G13. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO G14s**

G14. **NO QUESTION THIS VERSION.**

G14s. **INTERVIEWER: CHECK QUESTION A2s. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES ..... 01

NO ..... 00 ! **SKIP TO L1**

G15. **NO QUESTION THIS VERSION.**

G16. The next questions are about children living in the household who are under 18 years old.

In the last 12 months, since (CURRENT MONTH) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

G17.-

G19. **NO QUESTIONS THIS VERSION.**

H. NO SECTION H

I. NO SECTION I

J. NO SECTION J

K. NO SECTION K

L. DEMOGRAPHIC INFORMATION

L1. Now, I have just a few final questions.

Can you tell me your age?

|\_|\_| / |\_|\_| / 19 |\_|\_|  
MONTH DAY YEAR

OR |\_|\_| YEARS OLD

L2. **CODE WITHOUT ASKING: (ASK ONLY IF NOT OBVIOUS)** Are you male or female?

MALE ..... 01

FEMALE ..... 00

L3. Are you now . . .

Married, ..... 01

Living with someone as married, ..... 02

Widowed, ..... 03

Divorced, ..... 04

Separated, ..... 05

Or have you never been married? ..... 06

L4. What is the highest grade or level of school that you have completed?

FIRST GRADE .....	01
SECOND GRADE .....	02
THIRD GRADE .....	03
FOURTH GRADE .....	04
FIFTH GRADE .....	05
SIXTH GRADE .....	06
SEVENTH GRADE .....	07
EIGHTH GRADE .....	08
NINTH GRADE .....	09
TENTH GRADE .....	10
ELEVENTH GRADE .....	11
TWELFTH GRADE .....	12
GRADUATED HIGH SCHOOL (DIPLOMA)	13
GED .....	14
VOCATIONAL TRAINING PROGRAM CERTIFICATE .....	15
SOME COLLEGE .....	16
TWO- OR FOUR-YEAR COLLEGE DEGREE	17
OTHER (SPECIFY) .....	18
<hr/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DON'T KNOW .....	-1
REFUSED .....	-3

L5. Are you Hispanic, Latino or of Spanish origin?

YES .....	01
NO .....	00
DON'T KNOW .....	-1
REFUSED .....	-3

L6. What is your racial background? Choose one or more of the following races . . .

**INTERVIEWER: ACCEPT AND RECORD MULTIPLE RESPONSES WITHOUT PROBING.**

White, . . . . . 01

Black or African American, . . . . . 02

American Indian or Alaska Native, . . . . . 03

Asian, . . . . . 04

Native Hawaiian or Other Pacific Islander? . . . . 05

OTHER (SPECIFY) . . . . . 06

\_\_\_\_\_  
|\_|\_|\_|\_|\_|  
DON'T KNOW . . . . . -1  
REFUSED . . . . . -3

L7.-

L7a. **NO QUESTIONS THIS VERSION.**

L8. These are all my questions. Thank you very much for your time.

<b>TIME ENDED:</b>  _ _ _ _ : _ _ _  AM....01 PM....02
--

**M. INTERVIEWER OBSERVATIONS**

(To be filled out after interview is completed.)

M1. In general, was the respondent's understanding of the questions?

CIRCLE ONE

EXCELLENT ..... 01

GOOD ..... 02

FAIR ..... 03

POOR ..... 04

M2. Did the respondent seem to have any trouble understanding English?

YES ..... 01

NO ..... 00

M3. Were there any questions that the respondent complained about?

YES ..... 01

NO ..... 00 ! **SKIP TO M4**

M3a. Please list the questions and describe the problems.

Question	Problem

M4. Were there any questions which the respondent didn't understand?

YES ..... 01

NO ..... 00 ! **SKIP TO M5**

M4a. Please list the questions and describe the problems.

Question	Problem



M5. Please describe any difficulties the respondent had which are not described above.

---

---

---

---

---

---

---

---

---

9 NONE

Month    Day    Year

## 9 Elderly in Household

QC: CODER: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVIEWER ID #:  _ _ _ _ _ _ _ _ _ _	DATE:  _ _ _ _  /  _ _ _ _  / 19  _ _ _ _  MONTH DAY YEAR
MPR ID #:  _ _ _ _ _ _ _ _ _ _	TIME BEGAN:  _ _ _ : _ _ _  AM....01 PM....02

## WP & PE STUDY

### Main Questionnaire: Working Participant--Long

#### A. HOUSEHOLD COMPOSITION

A1. Please tell me the first name or initials of each person who currently lives in your household starting with you. By household I mean people who live with you and share food with you.

**PROBE:** Include any persons who live with you more than half time.

A2. How is (NAME) related to you? **ENTER CODE BELOW.**

A3. How old (are you/is NAME)? **PROBE:** Your best estimate is fine.

Person Number	A1. First Name or Initials	A2. Relationship	A3. Age
1.	_____	SELF	_ _ _  DON'T KNOW ..... -1
2.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
3.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
4.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
5.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
6.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
7.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
8.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
9.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
10.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1

**RELATIONSHIP CODES**

01	MALE SPOUSE/PARTNER	06	GRANDMOTHER	11	OTHER MALE RELATIVE OR NONRELATIVE
02	FEMALE SPOUSE/PARTNER	07	SON/STEPSON	12	OTHER FEMALE RELATIVE OR NONRELATIVE
03	FATHER/STEPFATHER	08	DAUGHTER/STEPDAUGHTER		
04	MOTHER/STEPMOTHER	09	BROTHER/STEPBROTHER		
05	GRANDFATHER	10	SISTER/STEPSISTER		

A4. I've recorded the following names (READ NAMES FROM A1). Is there anyone else such as babies or small children? Anyone who usually lives with you but is now away from home, or, anyone else staying here?

YES ..... 01 ! **GO BACK AND  
CORRECT A1-A3**  
NO ..... 00

**B. KNOWLEDGE OF THE FSP**

**B0. NO QUESTION THIS VERSION.**

B1. As far as you know, did your family ever receive food stamp benefits when you were a child?

YES ..... 01

NO ..... 00

B2. As far as you know, do any of your relatives, neighbors, or co-workers currently receive food stamp benefits?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

B3.-

**B8. NO QUESTIONS THIS VERSION.**

**C. FSP PARTICIPATION HISTORY**

C1.-

C3. **NO QUESTIONS THIS VERSION.**

C4. How do you currently get your food stamp benefits each month? Do you get coupons or credit to an EBT card?

**PROBE:** In Colorado, the EBT card is called Colorado Quest.  
In Massachusetts, the EBT card is called an EBT card.  
In Texas, the EBT card is called the Lone Star card.  
No EBT card in Minnesota, North Carolina or Pennsylvania.

COUPONS ..... 01

EBT CARD ..... 02

C4a.-

C11. **NO QUESTIONS THIS VERSION.**

C12. In the past 3 years, did you ever stop receiving food stamp benefits because you were notified that you were not eligible?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

REFUSED ..... -3

 **SKIP TO C13c**

- C13. Thinking about the last time you were found ineligible to receive food stamp benefits, what were the reasons? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DID NOT SATISFY WORK  
REQUIREMENTS ..... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

---

   | | | | |

DON'T KNOW ..... -1

C13a.-

C13b. **NO QUESTIONS THIS VERSION.**

- C13c. Do you ever do things so that people will not find out you receive food stamp benefits?

**PROBE:** For example, some people try to use their food stamp benefits in stores where they are unlikely to meet anyone they know.

YES ..... 01

NO ..... 00



C14. Now I'm going to read some statements about experiences with food stamp benefits.

CIRCLE "YES" OR "NO"  
FOR EACH STATEMENT

	<u>YES</u>	<u>NO</u>
a. When using food stamp benefits in stores, are you sometimes treated disrespectfully by either employees or other customers? . . . .	01	00
b. Are you embarrassed to use food stamp benefits? . . . . .	01	00
c. Do you have any difficulties obtaining your monthly food stamp benefits? . . . . .	01	00
d. Do you feel that you really need food stamp benefits to make it through the month? . . .	01	00
e. Do you have any difficulties doing all the paperwork needed to keep getting food stamp benefits? . . . . .	01	00
f. Do you have any difficulties arranging meetings with your caseworker at convenient times? . . . . .	01	00
g. Do food stamp office staff ever treat you disrespectfully? . . . . .	01	00

C15. Have you experienced other difficulties with food stamp benefits that you have not already mentioned? Please do not include any difficulties you had applying, we will ask about this later.

YES . . . . . 01

NO . . . . . 00 ! **SKIP TO D2**

C16. Please describe those difficulties. **RECORD VERBATIM**

---



---

--	--	--	--	--	--

**D. HISTORY OF APPLICATIONS**

**D1. NO QUESTION THIS VERSION.**

D2. When was the last time you applied for food stamp benefits?

|\_|\_|\_| 19 |\_|\_|\_|  
MONTH YEAR

D3. All these next questions refer to the last time you applied for food stamp benefits in (MONTH YEAR FROM D2).

When you applied for food stamp benefits in (MONTH/YEAR FROM D2), did you also apply for any other kinds of public assistance such as Supplemental Security Income (or SSI), AFDC, [FILL STATE WELFARE NAME], Medicaid, or general assistance?

Colorado	Colorado Works
Massachusetts	Transitional Aid to Families with Dependent Children
Minnesota	MFIP Minnesota's Family Investment Program
North Carolina	Work First Benefits
Pennsylvania	TANF
Texas	TANF

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

D4a. The last time you applied, did you or someone else mail or take the application form to a food stamp office?

YES ..... 01 ! **SKIP TO D4c**  
NO ..... 00  
DON'T KNOW ..... -1

D4b. Did you or someone else mail or take the application form to an SSI office, a senior center, a hospital, a housing complex, or somewhere else?

**PROBE:** That is, did you or someone else mail or take the application to . . .

CIRCLE ONE

AN SSI OFFICE, ..... 01  
A SENIOR CENTER, ..... 02  
A HOSPITAL, ..... 03  
A HOUSING COMPLEX, OR ..... 04  
SOMEWHERE ELSE? (PLEASE SPECIFY) .. 05

\_\_\_\_\_  
|\_|\_|\_|\_|

D4c. The last time you applied, did you apply yourself or did an authorized representative apply for you?

APPLIED MYSELF ..... 01  
AUTHORIZED REPRESENTATIVE ..... 02

D4d. Where did (you/your authorized representative) have the interview with your caseworker?

AT FOOD STAMP OFFICE ..... 01  
AT SSI OFFICE ..... 02  
AT A SENIOR CENTER ..... 03  
AT A HOSPITAL ..... 04  
AT A HOUSING COMPLEX ..... 05  
SOMEWHERE ELSE (PLEASE SPECIFY) .. 06

 **SKIP TO D4f**

\_\_\_\_\_  
|\_|\_|\_|\_|  
AT HOME ..... 07

D4e. Did you have your interview by telephone or did a caseworker come to your home?

BY TELEPHONE ..... 01

VISIT BY CASEWORKER ..... 02

D4f. The last time you applied, did you take time off from work to apply for food stamp benefits?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

DOESN'T WORK ..... -4

D4g.-

D4i. **NO QUESTIONS THIS VERSION.**

D5. Which of the following reasons led you to apply for food stamp benefits in (MONTH, YEAR FROM D2)?

	<u>YES</u>	<u>NO</u>
a. Your household income fell? . . . . .	01	00
b. <b>NO QUESTION THIS VERSION.</b>		
c. The number of people in your household changed? . . . . .	01	00
d. <b>NO QUESTION THIS VERSION.</b>		
e. It was getting harder and harder to make ends meet? . . . .	01	00
f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)? . . . . .	01	00
g. <b>NO QUESTION THIS VERSION.</b>		
h. You didn't want to get food from family, friends, government programs, or other sources? . . . . .	01	00
i. You learned about the program or your eligibility for food stamp benefits? . . . . .	01	00
j. Some other reason? (SPECIFY) . . . . .	01	00
_____		
_____		
	_ _	_ _

D5a.-

D6. **NO QUESTIONS THIS VERSION.**

D7. Now I am going to ask you some questions about your experiences applying for food stamp benefits over the past 3 years.

	CIRCLE "YES" OR "NO"		
	YES	NO	N/A
a. Was it difficult or expensive for you to get transportation to the food stamp office? . . . . .	01	00	--
b. Did you have to go to the food stamp office even though your health or disability made it difficult? . . . . .	01	00	--
c. Was it difficult for you to take time off from work to apply for food stamp benefits? . . . . .	01	00	-4
d. Did you lose wages when you went to apply for food stamp benefits? . . . . .	01	00	-4
e. Did you have to arrange for care of someone in your home so that you could go to the food stamp office? . . . . .	01	00	--
f. Did you have to wait a long time to be served at the food stamp office? . . . . .	01	00	--
<b>PROBE:</b> A long time from your point of view.			
g. Were staff at the food stamp office disrespectful? . . . . .	01	00	--
h. Do you think the application form was too long and complicated? . . . . .	01	00	--
i. Did your caseworker ask you questions that were too personal? . . . . .	01	00	--
j. Was it difficult for you to get all the necessary paperwork? . . . . .	01	00	--
k. Did you feel embarrassed having to apply for food stamps? . . .	01	00	--

D7a. Did you experience other difficulties applying for food stamp benefits that you have not already mentioned?

YES . . . . . 01  
 NO . . . . . 00 ! **SKIP TO D8**

D7b. Please describe those difficulties. **RECORD VERBATIM**

---



---



---

|\_|\_|\_|\_|\_|\_|\_|

D8. In the past 3 years, did you ever begin the food stamp application process and not complete it?

YES .....	01	
NO .....	00	} → <b>SKIP TO D10</b>
DON'T KNOW .....	-1	
REFUSED .....	-3	

D9. Why didn't you complete the application process at that time?  
**RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

DIDN'T THINK ELIGIBLE .....	01
BENEFIT TOO LOW .....	02
APPLICATION TOO TIME-CONSUMING .....	03
APPLICATION FORM TOO COMPLICATED .....	04
APPLICATION TOO PERSONAL .....	05
TOO MUCH PAPERWORK .....	06
DIDN'T KNOW HOW TO COMPLETE THE PROCESS .....	07
NOT TREATED WELL BY STAFF .....	08
STIGMA/EMBARRASSMENT/PRIDE ..	09
HEALTH/MOBILITY PROBLEMS .....	10
LANGUAGE/LITERACY PROBLEMS ..	11
MY SITUATION CHANGED .....	12
TRANSPORTATION PROBLEM .....	13
HARD TO GET TIME OFF WORK .....	14
LOSE WAGES WHEN I GO TO FOOD STAMP OFFICE .....	15
OTHER (SPECIFY) .....	16

---

--	--	--	--	--

D10. In the past 3 years, have you applied for food stamp benefits and been found ineligible?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO D12**

D11. Thinking about the last time you applied for food stamp benefits and were found ineligible, why were you found ineligible? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DID NOT SATISFY WORK  
REQUIREMENTS ..... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

\_\_\_\_\_ | | | | |

DON'T KNOW ..... -1

D12. In the past 3 years, have you ever been found eligible for food stamp benefits but not used them?

**PROBE:** By that I mean, you were found to be eligible for food stamp benefits and you did not pick them up or you received them but did not use any of them.

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO D17**



D13. The last time that happened, why didn't you use them? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

CIRCLE ALL THAT APPLY

- EMBARRASSED TO USE FOOD STAMP  
BENEFITS ..... 01
- NOT TREATED WELL IN FOOD STORES ... 02
- NO STORES NEARBY THAT ACCEPT  
FOOD STAMP BENEFITS ..... 03
- DID NOT LIKE TO SHOP AT STORES  
THAT ACCEPT FOOD STAMP BENEFITS .. 04
- NOT TREATED WELL BY OFFICE/  
PROGRAM ..... 05
- TOO HARD TO PICK UP COUPONS/  
STAMPS ..... 06
- STAMPS OR EBT CARD WERE LOST  
OR STOLEN ..... 07
- BENEFIT AMOUNT WAS TOO SMALL ..... 08
- DID NOT NEED FOOD STAMPS ..... 09
- OTHER (SPECIFY) ..... 10

---

|\_|\_|\_|\_|

D14.-

D16. **NO QUESTIONS THIS VERSION.**

D17. Now I would like to talk to you about some things that may have helped you decide to use food stamp benefits.

CIRCLE "YES" OR "NO"  
FOR EACH STATEMENT

	<u>YES</u>	<u>NO</u>
a. Did you receive a lot of help with the application? .....	01	00
b. Did other family members or friends encourage you to get food stamp benefits? .....	01	00
c. Do you feel it's OK to receive food stamp benefits because you pay taxes? .....	01	00
d. Do you feel you couldn't get by on your own without food stamp benefits? .....	01	00
e. Are you uncomfortable getting food from family, friends, charities, or other programs? .....	01	00

D18. Are there other circumstances that I haven't mentioned that helped you decide to use food stamp benefits?

YES ..... 01

NO ..... 00

(PLEASE SPECIFY):

---



---

|\_|\_|\_|\_|

D19. **INTERVIEWER: CHECK QUESTION D17a. DID THEY RECEIVE A LOT OF HELP WITH THE APPLICATION?**

YES ..... 01

NO ..... 00 ! **SKIP TO F0**

D20. You said you received a lot of help with the application, what type of help did you receive? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

CIRCLE ALL THAT APPLY

- TRANSPORTATION TO THE OFFICE . . . . . 01
- HAVING SOMEONE BE WITH ME  
AT THE FOOD STAMP OFFICE . . . . . 02
- HAVING SOMEONE ELSE GO TO  
OFFICE INSTEAD OF ME . . . . . 03
- TRANSLATION . . . . . 04
- HELP FILLING OUT APPLICATION . . . . . 05
- HELP OBTAINING NECESSARY  
DOCUMENTATION . . . . . 06
- OTHER (SPECIFY) . . . . . 07

\_\_\_\_\_ | | | |

D21. Who provided this help?

CIRCLE ALL THAT APPLY

- CASEWORKER . . . . . 01
- RELATIVE, FRIEND, OR NEIGHBOR . . . . . 02
- CLERGYMAN . . . . . 03
- COMMUNITY WORKER (OUTREACH  
WORKER OR LEGAL AID  
REPRESENTATIVE) . . . . . 04
- VOLUNTEER AT FOOD STAMP OFFICE . . . 05
- OTHER (SPECIFY) . . . . . 06

\_\_\_\_\_ | | | |

E. NO SECTION E

F. RECEIPT OF FOOD ASSISTANCE

F0. INTERVIEWER: IS ANYONE IN THIS HOUSEHOLD AGE 60 OR OLDER?

YES ..... 01

NO ..... 00 ! SKIP TO F1a

F1. During the past 12 months, did (you/anyone) in the household ever receive free or reduced-cost meals for the elderly either at a facility or delivered to your home?

**PROBE:** By facility we mean places such as a senior center or community center or some other special place with a meal program.

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

F1a. INTERVIEWER: ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?

YES ..... 01

NO CHILDREN ..... 00 ! SKIP TO F5

F2. During the past 12 months, did any children in the household ever receive free or reduced-cost meals at a day-care or Head Start program?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

CHILD/CHILDREN DO NOT ATTEND  
DAY CARE PROGRAM ..... -4

F3. Not counting meals at Head Start or daycare programs, during the past 12 months, did any children in the household ever receive free or reduced-cost lunches at school?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1  
CHILD/CHILDREN DO NOT  
ATTEND SCHOOL ..... -4! **SKIP TO F5**

F4. During the past 12 months, did any children in the household ever receive free or reduced-cost breakfasts at school?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F5. **INTERVIEWER: CHECK QUESTION A3: IS ANYONE IN THIS  
HOUSEHOLD EITHER UNDER AGE 6 OR A WOMAN  
UNDER 45 YEARS OF AGE?**

YES ..... 01  
NO ..... 00 ! **SKIP TO F7**

F6. During the past 12 months, did any (women/women or children/children) in this household ever get food through the WIC program?

**PROBE:** By WIC we mean the U.S. Department of Agriculture's Special Supplemental Nutrition Program for Women, Infants, and Children, which provides food packages to women, infants, and young children.

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1  
NO WOMEN OR CHILDREN ..... -4

F7. During the past 12 months, did (you/anyone in the household) ever get food, or vouchers to buy food, from any (other) kind of program?


YES .....	01
NO .....	00
DON'T KNOW .....	-1

(SPECIFY PROGRAM):

---

---

□□□□



F8. In the last 12 months, did you (or other adults in your household) ever get food or borrow money for food from friends or relatives?

YES .....	01
NO .....	00
DON'T KNOW .....	-1

F9. In the last 12 months, did you (or other adults in your household) ever get emergency food from a church, a food pantry, or food bank?

YES .....	01
NO .....	00
DON'T KNOW .....	-1

F10. In the last 12 months, did you (or other adults in your household) ever eat any meals at a soup kitchen?

YES .....	01
NO .....	00
DON'T KNOW .....	-1

F10a. In the last 12 months, did you (or other adults in the household) ever receive free or reduced-price meals at work?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F11. Some people are able to get food from their own garden or farm, or from hunting or fishing. During the last 12 months, did you (anyone in the household) ever get food from . . .

	<u>YES</u>	<u>NO</u>
a. Your own vegetable garden? .....	01	00
b. Meat, poultry, or eggs from animals you raise? .....	01	00
c. Meat or fish from hunting or fishing? .....	01	00

F11a. In the last 12 months, did you (or other adults in your household) ever get free food from any source we haven't already mentioned?

**PROBE:** Please include any free meals or groceries that you receive from any person or source that we haven't already mentioned.


YES ..... 01  
NO ..... 00

Where?

---

---

|\_|\_|\_|\_|



F12. **NO QUESTION THIS VERSION.**

**INTERVIEWER: IF RESPONSE CODE IS FOLLOWED BY AN ASTERISK (\*),  
CIRCLE THE QUESTION NUMBER.**

**G. FOOD SECURITY**

- G1. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (MONTH 12 MONTHS AGO).

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true or never true for (you/your household) in the last 12 months?

Often true . . . . . 01 \*  
Sometimes true . . . . . 02 \*  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

- G2. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often true, sometimes true or never true for you in the last 12 months?

Often true . . . . . 01 \*  
Sometimes true . . . . . 02 \*  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

- G3. "(I/We) couldn't afford to eat balanced meals." Was that often, sometimes or never true for you in the last 12 months?

Often true . . . . . 01 \*  
Sometimes true . . . . . 02 \*  
Never true . . . . . 03  
DON'T KNOW . . . . . -1



G4. **INTERVIEWER: CHECK QUESTION A3. ARE THERE ANY CHILDREN UNDER 18 IN HOUSEHOLD?**

YES ..... 01  
NO ..... 00 ! **SKIP TO G8**

G5. (I/We) relied on only a few kinds of low-cost foods to feed (my/our) (child/the children) because (I was/we were) running out of money to buy food.” Was that often, sometimes or never true for (you/your household) in the last 12 months?

**PROBE:** By low-cost food we mean rice, beans, macaroni products, bread, or potatoes, or foods like that.

Often true ..... 01 \*  
Sometimes true ..... 02 \*  
Never true ..... 03  
DON'T KNOW ..... -1

G6. “(I/We) couldn’t feed (my/our) (child/children) a balanced meal, because (I/we) couldn’t afford that.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true ..... 01 \*  
Sometimes true ..... 02 \*  
Never true ..... 03  
DON'T KNOW ..... -1

G7. “(My/Our child was/The children were) not eating enough because (I/we) just couldn’t afford enough food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true ..... 01 \*  
Sometimes true ..... 02 \*  
Never true ..... 03  
DON'T KNOW ..... -1

G8. **INTERVIEWER: ARE ANY QUESTION NUMBERS CIRCLED ON PAGES 21 AND 22? IS THE RESPONSE TO G1, G2, G3, G5, OR G6 "OFTEN TRUE" (01) OR "SOMETIMES TRUE" (02)?**

YES ..... 01

NO ..... 00 ! **SKIP TO H1**

G9. In the last 12 months, since last (MONTH 12 MONTHS AGO), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

 **SKIP TO G10**

G9a. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month ..... 01

Some months but not every month ..... 02

Only 1 or 2 months ..... 03

DON'T KNOW ..... -1

G10. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

G11. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

YES ..... 01 \*  
NO ..... 00  
DON'T KNOW ..... -1

G12. In the last 12 months, did you lose weight because you didn't have enough money for food?

YES ..... 01 \*  
NO ..... 00  
DON'T KNOW ..... -1

G13. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

YES ..... 01 \*  
NO ..... 00  
DON'T KNOW ..... -1

→ **SKIP TO G14**

G13a. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month ..... 01  
Some months but not every month ..... 02  
Only 1 or 2 months ..... 03  
DON'T KNOW ..... -1

G14. **INTERVIEWER: CHECK QUESTION A3. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES ..... 01  
NO ..... 00 ! **SKIP TO H1**

G15. **INTERVIEWER: ARE ANY QUESTION NUMBERS CIRCLED ON PAGES 23 AND 24? IS THE RESPONSE TO G7 "OFTEN TRUE" (01) OR "SOMETIMES TRUE" (02) OR IS THERE A "YES" RESPONSE TO G11, G12 OR G13?**

YES ..... 01  
 NO ..... 00 ! **SKIP TO H1**

G16. The next questions are about children living in the household who are under 18 years old.

in the last 12 months, since (CURRENT MONTH) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

YES ..... 01  
 NO ..... 00  
 DON'T KNOW ..... -1

G17. In the last 12 months, did (CHILD'S NAME/any of the children) ever skip meals because there wasn't enough money for food?

YES ..... 01  
 NO ..... 00  
 DON'T KNOW ..... -1

} → **SKIP TO G18**

G17a. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month ..... 01  
 Some months but not every month ..... 02  
 Only 1 or 2 months ..... 03  
 DON'T KNOW ..... -1

G18. In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

G19. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

**H. EMPLOYMENT HISTORY**

H1. Including yourself, which people in your household work at a job for pay? **RECORD NAMES AT H1.**

NONE ..... 00 ! **SKIP TO J1**

HOUSEHOLD NAMES RECORDED BELOW ..... 01

H2. How many hours per week (does NAME/do you) usually work for pay? **RECORD BELOW OPPOSITE PERSONS NAME. PROBE:** Your best estimate would be fine.

**INTERVIEWER: IF RESPONDENT UNABLE TO TELL YOU USUAL HOURS WORKED PER WEEK, ASK "HOW MANY HOURS DID YOU WORK LAST WEEK OR DURING THE MOST RECENT WEEK YOU WORKED IF YOU DID NOT WORK LAST WEEK?"**

H3. How much (does NAME/do you) earn on this job, before taxes and any other deductions are taken out? **RECORD BELOW FOR EACH PERSON.**

**INTERVIEWER: IF RESPONDENT RECEIVES TIPS AS PART OF EARNINGS, ASK RESPONDENT TO REPORT WHAT HE OR SHE EARNED LAST WEEK (OR MOST RECENT WEEK WORKED IF NOT LAST WEEK) INCLUDING TIPS, AND RECORD AS "SALARY PER WEEK."**

**PROBE:** What is (NAME'S/YOUR) gross pay?

H1		H2	H3					
1	Name _____ - <b>CODER:</b> Person # from A1: _____ _____	Hours Per Week _____ DON'T KNOW ... -1	Hourly Wage \$ _____/HR.	OR	Salary \$ _____	Per	Salary Basis Day ..... 01 Week ..... 02 2 Weeks .... 03 2X Month ... 04 Month ..... 05 Year ..... 06	
2	Name _____ - <b>CODER:</b> Person # from A1: _____ _____	Hours Per Week _____ DON'T KNOW ... -1	\$ _____/HR.	OR	\$ _____	Per	Day ..... 01 Week ..... 02 2 Weeks .... 03 2X Month ... 04 Month ..... 05 Year ..... 06	
3	Name _____ - <b>CODER:</b> Person # from A1: _____ _____	Hours Per Week _____ DON'T KNOW ... -1	\$ _____/HR.	OR	\$ _____	Per	Day ..... 01 Week ..... 02 2 Weeks .... 03 2X Month ... 04 Month ..... 05 Year ..... 06	
4	Name _____ - <b>CODER:</b> Person # from A1: _____ _____	Hours Per Week _____ DON'T KNOW ... -1	\$ _____/HR.	OR	\$ _____	Per	Day ..... 01 Week ..... 02 2 Weeks .... 03 2X Month ... 04 Month ..... 05 Year ..... 06	

5	_____	____ _ _	\$ _____/HR. <b>OR</b> \$ _____				Per	Day . . . . . 01
	-	DON'T KNOW . . . -1	DON'T KNOW . . . . -1					Week . . . . . 02
	<b>CODER:</b>		DON'T KNOW . . . . -1					2 Weeks . . . . 03
	Person # from A1:							2X Month . . . 04
	____ _							Month . . . . . 05
								Year . . . . . 06

H4. **INTERVIEWER: LOOK AT QUESTIONS H1 AND H2. SELECT PERSON WHO WORKS GREATEST NUMBER OF HOURS PER WEEK.**

NAME: \_\_\_\_\_

CODER: PERSON # FROM A1: |\_\_|\_\_|

H5. Now I'm going to ask you some questions about (your/NAME'S) job.

What is (your/NAME'S) job title?

FOR EXAMPLE: Retail sales person, clerk, waiter, cook.

IF MORE THAN ONE JOB, PROBE FOR THE JOB PERSON CURRENTLY SPENDS MOST TIME AT.

\_\_\_\_\_  
\_\_\_\_\_  
|\_|\_|\_|\_|

H6. What are (your/NAME'S) main duties as (a/an) (JOB TITLE FROM H5)?

**PROBE:** What are (your/NAME'S) responsibilities or activities?  
What (do you/does NAME) spend the most time doing?

\_\_\_\_\_  
\_\_\_\_\_  
|\_|\_|\_|\_|

H7. How long (have you/has NAME) been working at this job?

IF MORE THAN ONE JOB, PROBE FOR JOB PERSON CURRENTLY SPENDS MOST TIME AT.

**RECORD TO THE NEAREST YEAR. IF LESS THAN ONE YEAR, RECORD MONTHS.**

|\_\_|\_\_| YEARS OR |\_\_|\_\_| MONTHS



H8. How likely is it that (you/NAME) will be working at this job three months from now? Would you say it is very likely, somewhat likely, or not likely at all?

VERY LIKELY ..... 01  
SOMEWHAT LIKELY ..... 02  
NOT LIKELY AT ALL ..... 03  
DON'T KNOW ..... -1

H9. Do you think (you/NAME) will be earning more, the same, or less three months from now?

MORE ..... 01  
SAME ..... 02  
LESS ..... 03  
DON'T KNOW ..... -1

H10. Including (your/NAME's) present job, over the past 12 months, how many different paid jobs (have you/has NAME) had? Please include all part-time and full-time jobs held for at least two weeks.

CIRCLE ONE

ONE ..... 01  
TWO ..... 02  
THREE ..... 03  
FOUR ..... 04  
FIVE OR MORE ..... 05  
DON'T KNOW ..... -1

H11a. During the past 12 months, were there times when (you were/NAME was) not working for pay?

YES ..... 01

NO ..... 00 ! **SKIP TO J1**

H11b. About how many months (were you/was NAME) not working for pay?

CIRCLE ONE

NONE ..... 00

LESS THAN ONE MONTH ..... 01

BETWEEN 1 AND 3 MONTHS ..... 02

BETWEEN 4 AND 6 MONTHS ..... 03

BETWEEN 7 AND 9 MONTHS ..... 04

BETWEEN 10 AND 12 MONTHS ..... 05

DON'T KNOW ..... -1

I. NO SECTION I

J. SOCIAL SUPPORTS

J1. How long have you lived in your neighborhood?

**IF LESS THAN ONE YEAR, ENTER "00" FOR YEARS AND RECORD  
NUMBER OF MONTHS.**

|\_|\_| / |\_|\_|  
YEARS MONTHS

**OR**

SINCE |\_|\_| 19 |\_|\_|  
MONTH YEAR

J2. NO QUESTION THIS VERSION.

J3. How close do you live to your nearest relative who does not live with you? Do you live less than 30 minutes away, 30 minutes to 2 hours away, or more than 2 hours away?

CIRCLE ONE

LESS THAN 30 MINUTES AWAY ..... 01

30 MINUTES TO 2 HOURS AWAY ..... 02

MORE THAN 2 HOURS AWAY ..... 03

NO LIVING CHILDREN OR RELATIVES ..... -4

**K. INCOME AND EXPENSES**

K1. Which of the following best describes where you live now . . .

- A place you own, . . . . . 01  
A place you rent, . . . . . 02 ! **GO TO K5**  
A place where you live rent free, . . . . . 03  
Or someplace else? (SPECIFY) . . . . . 04
- \_\_\_\_\_

→ **GO TO K6**

K2. What is your monthly mortgage payment?

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW . . . . . -1

K3. (Do you/Does your household) make a separate home insurance payment?

- YES . . . . . 01  
NO . . . . . 00  
DON'T KNOW . . . . . -1

K4. (Do you/Does your household) pay a separate property tax bill?

- YES . . . . . 01  
NO . . . . . 00  
DON'T KNOW . . . . . -1

→ **SKIP TO K6**

K5. What is your monthly rent payment? Please tell me only the amount that you and members of your household pay out-of-pocket.

**PROBE:** Do not include any rent subsidies that your household receives from any program to pay part of the rent costs.

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

K5a. (Do you/Does your household) pay separate heating or air-conditioning costs?

YES ..... 01

NO ..... 00

K6. **INTERVIEWER: CHECK GRID A1 THROUGH A3. HOW MANY PEOPLE ARE IN HOUSEHOLD?**

ONE ..... 01 ! **SKIP TO K7b**

MORE THAN ONE ..... 02

K6a. Last month, did (you/your household) pay for the care of children or other dependents so that someone in your household could go to work, school, or a training program?

YES ..... 01

NO ..... 00 ! **SKIP TO K7b**

DON'T KNOW ..... -1

K6b. How much did (you/your household) pay out-of-pocket last month?

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

K7. NO QUESTION THIS VERSION.

K7a. NO QUESTION THIS VERSION.

K7b. Is anyone in your household disabled? Please count as disabled persons who receive SSI benefits because of a disability, social security disability checks, disability retirement pensions, railroad retirement disability payments, or veteran disability benefits.

YES ..... 01 ! **SKIP TO K8**  
NO ..... 00  
DON'T KNOW ..... -1

K7c. Is there anyone in your household who is age 60 or older?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

→ **SKIP TO K10**

K8. Last month, did (you/your household) pay health insurance premiums or payments to belong to an HMO?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

→ **SKIP TO K9**

K8a. How much did (you/your household) pay last month. Please tell me only the amount that you and members of your household pay out-of-pocket.

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

K8b. **NO QUESTION THIS VERSION.**

K9. Now think about the people in your household who are disabled or age 60 or older. Last month, how much were their out-of-pocket medical expenses? Include doctor and hospital bills, prescription drugs, lab tests or X-rays, and any other medical expenses you paid out-of-pocket. Please exclude anything for which you will be reimbursed.

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

**INTERVIEWER: CHECK GRID A1 THROUGH A3: IF RESPONDENT LIVES ALONE, DON'T ASK K12, K13, OR K14. THAT IS, ALWAYS SKIP TO NEXT QUESTION IN K10 AFTER COMPLETING K11 FOR EACH INCOME SOURCE.**

K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any . . .	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
1. <b>CO:</b> Colorado Works; <b>MA:</b> Transitional Aid to Families with Dependent Children; <b>MN:</b> MFIP Minnesota's Family Investment Program; <b>NC:</b> Work First Benefits <b>PA/TX:</b> Temporary Assistance for Needy Families (TANF)?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW . . . -1 ! <b>GO TO K12</b>	[STATE WELFARE NAME]/ Temporary Assistance for Needy Families (TANF)?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.2</b>	<u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u> _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
2. General Assistance, general relief, or welfare?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW . . . -1 ! <b>GO TO K12</b>	General Assistance, general relief, or welfare?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.3</b>	<u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u> _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
3. Social Security checks from the government?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW . . . -1 ! <b>GO TO K12</b>	Social Security checks from the government?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.4</b>	<u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u> _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
4. Other retirement benefits (that are not Social Security) such as a government or private pension or annuity?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW . . . -1 ! <b>GO TO K12</b>	Other retirement benefits (that are not Social Security) such as a government or private pension or annuity?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.5</b>	<u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u> _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	



K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any . . .	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
5. SSI or Supplemental Security Income from the federal, state, or local government?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$  _ _ _ _  <b>6 ASK K12</b>  DON'T KNOW...-1 ! <b>GO TO K12</b>	SSI or Supplemental Security Income from the federal, state, or local government?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.6</b>	<u>NAME</u> _____ _____ _____ _____	<u>AMOUNT</u> \$  _ _ _ _ _  -1 \$  _ _ _ _ _  -1 \$  _ _ _ _ _  -1 \$  _ _ _ _ _  -1

K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any . . .	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
6. Veteran's benefits?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW. . . -1 ! <b>GO TO K12</b>	Veteran's benefits?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.7</b>	<u>NAME</u> <u>AMOUNT</u> DON'T KNOW _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
7. Unemployment Insurance or workman's compensation benefits?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW. . . -1 ! <b>GO TO K12</b>	Unemployment Insurance or workman's compensation benefits?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.8</b>	<u>NAME</u> <u>AMOUNT</u> DON'T KNOW _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
8. Any child support payments or alimony?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW. . . -1 ! <b>GO TO K12</b>	Any child support payments or alimony?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.9</b>	<u>NAME</u> <u>AMOUNT</u> DON'T KNOW _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
9. Payments from roomers or boarders?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW. . . -1 ! <b>GO TO K12</b>	Payments from roomers or boarders?  YES . . . . . 01  NO . . . . . 00 <b>6 GOTO K10.10</b>	<u>NAME</u> <u>AMOUNT</u> DON'T KNOW _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
10. Financial support from friends or family?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW. . . -1 ! <b>GO TO K12</b>	Financial support from friends or family?  YES . . . . . 01  NO . . . . . 00 <b>6 GOTO K10.11</b>	<u>NAME</u> <u>AMOUNT</u> DON'T KNOW _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	

K10	K11	K12	K13	K14															
During (LAST MONTH) did you receive any . . .	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.															
11. Any other income such as income from business or prizes?  YES . . . . . 01 ! (SPECIFY) _____  NO . . . . . 00 6 ASK K12	\$  _ , _ _ _  6 ASK K12  DON'T KNOW. . . -1 ! GO TO K12	Any other income such as income from business or prizes?  YES . . . . . 01 ! SPECIFY _____  NO . . . . . 00 6 GO TO K15	<table> <thead> <tr> <th>NAME</th> <th>AMOUNT</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$  _ , _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ , _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ , _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ , _ _ _ </td> <td>-1</td> </tr> </tbody> </table>	NAME	AMOUNT	DON'T KNOW	_____	\$  _ , _ _ _	-1	_____	\$  _ , _ _ _	-1	_____	\$  _ , _ _ _	-1	_____	\$  _ , _ _ _	-1	
NAME	AMOUNT	DON'T KNOW																	
_____	\$  _ , _ _ _	-1																	
_____	\$  _ , _ _ _	-1																	
_____	\$  _ , _ _ _	-1																	
_____	\$  _ , _ _ _	-1																	

K15. Do you (or does anybody in your household) own a car, truck, van, or motorcycle? Please include any cars, trucks, vans, or motorcycles that you're making payments on.

YES ..... 01

NO ..... 00 ! **SKIP TO K18**

K16. What (is/are) the year(s), make(s), and model(s) of the car(s), truck(s), van(s), or motorcycle(s)?

**PROBE:** Please include any vehicle owned by a household members.

19 |\_\_|\_\_| Make: \_\_\_\_\_ Model: \_\_\_\_\_

19 |\_\_|\_\_| Make: \_\_\_\_\_ Model: \_\_\_\_\_

19 |\_\_|\_\_| Make: \_\_\_\_\_ Model: \_\_\_\_\_

DON'T KNOW ..... -1 ! **ASK K17**

**SKIP TO K18**

K17. **INTERVIEWER: IF YEAR, MAKE OR MODEL ARE UNKNOWN, ASK:**  
What is the approximate value of each vehicle owned by household members?

Vehicle 1: \$ \_\_\_\_\_

Vehicle 2: \$ \_\_\_\_\_

Vehicle 3: \$ \_\_\_\_\_

K18. (Including yourself, is anyone in your household/Are you) legally required to pay child support?

YES ..... 01

NO ..... 00 ! **SKIP TO L2**

K19. In total, how much child support (was paid by all members of your household/did you pay) last month?

\$ |\_\_|\_\_|,|\_\_|\_\_|\_\_| ! **SKIP TO L2**

DON'T KNOW ..... -1

REFUSED ..... -3

K20. Would you tell me which of the following ranges best describes the total amount of child support paid last month?

More than \$250 ..... 01 ! **SKIP TO K22**

Exactly \$250 ..... 02 ! **SKIP TO L2**

Less than \$250 ..... 03

DON'T KNOW/REFUSED ..... -3 ! **SKIP TO L2**

K21. Was it . . .

\$50 or less, ..... 01

Between \$51 and \$100, ..... 02

Between \$101 and \$150, ..... 03

Between \$151 and \$200, ..... 04

Or, between \$201 and \$250? ..... 05

DON'T KNOW/REFUSED ..... -3

 **SKIP TO L2**

K22. Was it . . .

Between \$250 and \$300, . . . . .	01
Between \$301 and \$350, . . . . .	02
Between \$351 and \$400, . . . . .	03
Between \$401 and \$450, . . . . .	04
Or, over \$450? . . . . .	05
DON'T KNOW/REFUSED . . . . .	-3

**L. DEMOGRAPHIC INFORMATION**

**L1. NO QUESTION THIS VERSION.**

**L2. CODE WITHOUT ASKING: (ASK ONLY IF NOT OBVIOUS)** Are you male or female?

MALE ..... 01

FEMALE ..... 00

**L3. Are you now . . .**

Married, ..... 01

Living with someone as married, ..... 02

Widowed, ..... 03

Divorced, ..... 04

Separated, ..... 05

Or have you never been married? ..... 06

L4. What is the highest grade or level of school that you have completed?

FIRST GRADE . . . . .	01
SECOND GRADE . . . . .	02
THIRD GRADE . . . . .	03
FOURTH GRADE . . . . .	04
FIFTH GRADE . . . . .	05
SIXTH GRADE . . . . .	06
SEVENTH GRADE . . . . .	07
EIGHTH GRADE . . . . .	08
NINTH GRADE . . . . .	09
TENTH GRADE . . . . .	10
ELEVENTH GRADE . . . . .	11
TWELFTH GRADE . . . . .	12
GRADUATED HIGH SCHOOL (DIPLOMA) . . .	13
GED . . . . .	14
VOCATIONAL TRAINING PROGRAM CERTIFICATE . . . . .	15
SOME COLLEGE . . . . .	16
TWO- OR FOUR-YEAR COLLEGE DEGREE . . . . .	17
OTHER (SPECIFY) . . . . .	18
<hr/>	
	_ _
DON'T KNOW . . . . .	-1
REFUSED . . . . .	-3

L5. Are you Hispanic, Latino or of Spanish origin?

YES . . . . .	01
NO . . . . .	00
DON'T KNOW . . . . .	-1
REFUSED . . . . .	-3



L6. What is your racial background? Choose one or more of the following races . . .

**INTERVIEWER: ACCEPT AND RECORD MULTIPLE RESPONSES WITHOUT PROBING.**

White, . . . . . 01

Black or African American, . . . . . 02

American Indian or Alaska Native, . . . . . 03

Asian, . . . . . 04

Native Hawaiian or Other Pacific Islander? . . . . 05

OTHER (SPECIFY) . . . . . 06

\_\_\_\_\_ |\_\_|\_\_|

DON'T KNOW . . . . . -1

REFUSED . . . . . -3

L7. Is everyone in your household a U.S. citizen?

YES . . . . . 01 ! **SKIP TO L8**

NO . . . . . 00

L7a. Is anyone in your household a U.S. citizen?

YES . . . . . 01

NO . . . . . 00

L8. These are all my questions. Thank you very much for your time.

<b>TIME ENDED:</b>  __ __ : __ __  AM....01 PM....02
--

**M. INTERVIEWER OBSERVATIONS**

(To be filled out after interview is completed.)

M1. In general, was the respondent's understanding of the questions?

CIRCLE ONE

EXCELLENT ..... 01

GOOD ..... 02

FAIR ..... 03

POOR ..... 04

M2. Did the respondent seem to have any trouble understanding English?

YES ..... 01

NO ..... 00

M3. Were there any questions that the respondent complained about?

YES ..... 01

NO ..... 00 ! **SKIP TO M4**

M3a. Please list the questions and describe the problems.

Question	Problem

M4. Were there any questions which the respondent didn't understand?

YES ..... 01

NO ..... 00 ! **SKIP TO M5**

M4a. Please list the questions and describe the problems.

Question	Problem

M5. Please describe any difficulties the respondent had which are not described above.

---

---

---

---

---

---

---

---

9 NONE

# ELDERLY NONPARTICIPANT SHORT INTERVIEW

Interviewer ID: |\_|\_|\_|\_|\_| Date Completed: |\_|\_|/|\_|\_|/19|\_|\_|  
Month Day Year

MPR ID: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Name of Original Respondent: \_\_\_\_\_

Name of Respondent: \_\_\_\_\_

Phone Number: |\_|\_|\_|\_| - |\_|\_|\_|\_| - |\_|\_|\_|\_|  
Area Code

Time Zone: 9 Eastern 9 Central 9 Mountain

9 Elderly in Household

## Callbacks/Appointments

Intv ID	Date	Time	Status	Callback Date	Callback Time
_____	____/____	_____A/P	_____	____/____	_____A/P
_____	____/____	_____A/P	_____	____/____	_____A/P
_____	____/____	_____A/P	_____	____/____	_____A/P

## NOTES:

## STATUS CODES:

### INTERIM

- 20 CALLBACK/APPOINTMENT
- 21 CALLBACK/NO APPOINTMENT
- 22 NO ANSWER/BUSY
- 23 ANSWERING MACHINE
- 24 WRONG#/CHANGED #
- 25 INITIAL REFUSAL(SCREENER COMPLETE)
- 27 INCOMPLETE/BREAKOFF
- 28 RESPONDENT OUT OF TOWN
- 29 RESPONDENT WILL CALL MPR
- 30 NEEDS NEW LETTER
- 31 OTHER

### FINAL

- 01 COMPLETE
- 02 REFUSAL
- 03 INCOMPLETE/BREAKOFF
- 04 UNLOCATABLE
- 05 UNAVAILABLE DURING FIELD PERIOD
- 06 CHRONIC NO ANSWER/BUSY
- 07 ANSWERING MACHINE
- 08 BARRIER (LANG/PHY/COGN)
- 09 OTHER

INTERVIEWER ID #:  _ _ _ _ _ _ _ _ _ _	DATE:  _ _ _ _  /  _ _ _ _  / 19  _ _ _ _  MONTH DAY YEAR
MPR ID #:  _ _ _ _ _ _ _ _ _ _	TIME BEGAN:  _ _ _ : _ _ _  AM....01 PM....02

## WP & PE STUDY

### Main Questionnaire: Elderly Nonparticipant--Short

#### A. HOUSEHOLD COMPOSITION

A1s. How many people in your household are 60 years of age or older? By household I mean yourself and the people who currently live with you and share food with you.

**PROBE:** Include any persons who live with you more than half time.

|\_|\_|\_|

A2s. Including yourself, how many people in your household are under 18 years of age?

|\_|\_|\_|

A3s. Including yourself, how many people in your household currently work at a job for pay?

|\_|\_|\_|

NONE ..... 00 ! **SKIP TO C1**

A4s. Do you work at a job for pay?

YES ..... 01

NO ..... 00

**B. NO SECTION B**

**C. FSP PARTICIPATION HISTORY**

C1. Have you received food stamp benefits in the past 3 years?

YES ..... 01

NO ..... 00 ! **SKIP TO D1**

C2.-

C2a. **NO QUESTIONS THIS VERSION.**

C3. When was the last time you received food stamp benefits?

|\_|\_| 19 |\_|\_|  
MONTH YEAR

C3a. **INTERVIEWER: IS DATE MORE THAN THREE YEARS AGO?**

YES ..... 01 ! **SKIP TO D1**

NO ..... 00

DON'T KNOW ..... -1

C4. How did you get your food stamp benefits in (DATE FROM C3)? Did you get coupons or credit to an EBT card?

**PROBE:** In Colorado, the EBT card is called Colorado Quest.  
In Massachusetts, the EBT card is called an EBT card.  
In Texas, the EBT card is called the Lone Star card.  
No EBT card in Minnesota, North Carolina or Pennsylvania.

COUPONS ..... 01

EBT CARD ..... 02

C4a. What was the amount of food stamp benefits you received in (DATE FROM C3)?

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

C5. Did you stop receiving food stamp benefits in (DATE FROM C3) because you were notified that you were not eligible?

YES ..... 01 ! **SKIP TO C13a**

NO ..... 00



C6. Why did you stop participating in the food stamp program in (DATE FROM C3)?  
**RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

CIRCLE ALL THAT APPLY

- NOT WORTH THE EFFORT FOR  
THE AMOUNT OF BENEFITS ..... 01
- NO LONGER NEEDED FOOD STAMP  
BENEFITS ..... 02
- EMBARRASSED USING FOOD STAMP  
BENEFITS ..... 03
- THOUGHT NO LONGER ELIGIBLE ..... 04
- THOUGHT SITUATION WOULD  
IMPROVE ..... 05
- HARD TO GET TO FOOD STAMP OFFICE .. 06
- PROCESS OF RECEIVING FOOD  
STAMP BENEFITS IS TOO LONG  
OR COMPLICATED ..... 07
- HAD TO ANSWER TOO MANY  
PERSONAL QUESTIONS ..... 08
- FAMILY MEMBERS DISAPPROVED  
OF MY/OUR RECEIVING FOOD  
STAMP BENEFITS ..... 09
- DO NOT LIKE TO RELY ON  
GOVERNMENT ASSISTANCE ..... 10
- OTHER PEOPLE NEEDED THEM MORE ... 11
- NOT TREATED WELL BY STAFF ..... 12
- OFFICE IS VERY UNPLEASANT ..... 13
- OFFICE IN AN UNSAFE  
NEIGHBORHOOD ..... 14
- OTHER (SPECIFY) ..... 15

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

C7.-

C11. **NO QUESTIONS THIS VERSION.**

C12. In the past 3 years, did you ever stop receiving food stamp benefits because you were notified that you were not eligible?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

REFUSED ..... -3

→ **SKIP TO C13c**

C13. Thinking about the last time you were found ineligible to receive food stamp benefits, what were the reasons? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DID NOT SATISFY WORK  
REQUIREMENTS ..... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

---

|\_|\_|\_|\_|\_|\_|\_|

DON'T KNOW ..... -1

**SKIP TO C13c**

C13a. Why were you found ineligible? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- INCOME TOO HIGH ..... 01
- TOO MANY ASSETS ..... 02
- MISSING PAPERWORK ..... 03
- CITIZENSHIP STATUS ..... 04
- DID NOT SATISFY WORK  
REQUIREMENTS ..... 05
- ON STRIKE FROM JOB ..... 06
- OTHER (SPECIFY) ..... 07
- 
- |\_|\_|\_|\_|\_|\_|\_|
- DON'T KNOW ..... -1

C13b. **NO QUESTION THIS VERSION.**

C13c. When you received food stamps in the past three years, did you ever do things so that people will not find out you receive food stamp benefits?

**PROBE:** For example, some people try to use their food stamp benefits in stores where they are unlikely to meet anyone they know.

YES ..... 01

NO ..... 00

C14. Now I'm going to read some statements about experiences with food stamp benefits over the past three years.

CIRCLE "YES" OR "NO"  
FOR EACH STATEMENT

	<u>YES</u>	<u>NO</u>
a. When using food stamp benefits in stores, were you sometimes treated disrespectfully by either employees or customers? .....	01	00
b. Were you embarrassed to use food stamp benefits? .....	01	00
c. Did you have any difficulties obtaining your monthly food stamp benefits? .....	01	00
d. Did you feel that you really needed food stamp benefits to make it through the month? .....	01	00
e. Did you have any difficulties doing all the paperwork needed to keep getting food stamp benefits? .....	01	00
f. Did you have any difficulties arranging meetings with your caseworker at convenient times? .....	01	00
g. Did food stamp office staff ever treat you disrespectfully? .....	01	00

C15. Did you experience other difficulties with food stamp benefits that you have not already mentioned? Please do not include any difficulties you had applying, we will ask about this later.

YES ..... 01

NO ..... 00 ! **SKIP TO D1**

C16. Please describe those difficulties. **RECORD VERBATIM**

---

---

---

--	--	--	--

**D. HISTORY OF APPLICATIONS**

D1. Have you applied for food stamp benefits in the past 3 years? By applied I mean have you at least completed a new application form?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

→ **SKIP TO D14**

D2. When was the last time you applied for food stamp benefits?

|\_|\_| 19 |\_|\_|  
MONTH YEAR

D3. All these next questions refer to the last time you applied for food stamp benefits in (MONTH/YEAR FROM D2).

When you applied for food stamp benefits in (MONTH/YEAR FROM D2), did you also apply for any other kinds of public assistance such as Supplemental Security Income (or SSI), AFDC, [FILL STATE WELFARE NAME], Medicaid, or general assistance?

Colorado	Colorado Works
Massachusetts	Transitional Aid to Families with Dependent Children
Minnesota	MFIP Minnesota's Family Investment Program
North Carolina	Work First Benefits
Pennsylvania	TANF
Texas	TANF

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

D4a. The last time you applied, did you or someone else mail or take the application form to a food stamp office?

YES ..... 01 ! **SKIP TO D4c**  
NO ..... 00  
DON'T KNOW ..... -1

D4b. Did you or someone else mail or take the application form to an SSI office, a senior center, a hospital, a housing complex, or somewhere else?

CIRCLE ONE

AN SSI OFFICE, ..... 01  
A SENIOR CENTER, ..... 02  
A HOSPITAL, ..... 03  
A HOUSING COMPLEX, OR ..... 04  
SOMEWHERE ELSE? (PLEASE SPECIFY) .. 05

\_\_\_\_\_ | | | | | | | |

D4c. The last time you applied, did you apply yourself or did an authorized representative apply for you?

APPLIED MYSELF ..... 01  
AUTHORIZED REPRESENTATIVE ..... 02

D4d. Where did (you/your authorized representative) have the interview with your caseworker?

AT FOOD STAMP OFFICE ..... 01  
AT SSI OFFICE ..... 02  
AT A SENIOR CENTER ..... 03  
AT A HOSPITAL ..... 04  
AT A HOUSING COMPLEX ..... 05  
SOMEWHERE ELSE (PLEASE SPECIFY) .. 06

\_\_\_\_\_ | | | | | | | |

AT HOME ..... 07

 **SKIP TO D4g**

D4e. Did you have your interview by telephone or did a caseworker come to your home?

BY TELEPHONE ..... 01

VISIT BY CASEWORKER ..... 02

D4f. **NO QUESTION THIS VERSION.**

D4g. The last time you applied, did you have a lot of help with the application?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO D5**

D4h. What type of help did you receive? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_| |\_|\_|\_|

CIRCLE ALL THAT APPLY

TRANSPORTATION TO THE OFFICE ..... 01

HAVING SOMEONE BE WITH ME  
AT THE FOOD STAMP OFFICE ..... 02

HAVING SOMEONE ELSE GO TO  
OFFICE INSTEAD OF ME ..... 03

TRANSLATION ..... 04

HELP FILLING OUT APPLICATION ..... 05

HELP OBTAINING NECESSARY  
DOCUMENTATION ..... 06

OTHER (SPECIFY) ..... 07

---

|\_|\_|\_| |\_|\_|\_|



D4i. Who provided this help?

CIRCLE ALL THAT APPLY

CASEWORKER ..... 01  
RELATIVE, FRIEND, OR NEIGHBOR ..... 02  
CLERGYMAN ..... 03  
COMMUNITY WORKER (OUTREACH  
WORKER OR LEGAL AID  
REPRESENTATIVE) ..... 04  
VOLUNTEER AT FOOD STAMP OFFICE ... 05  
OTHER (SPECIFY) ..... 06

\_\_\_\_\_  
|\_|\_| |\_|\_|

D5. Which of the following reasons led you to apply for food stamp benefits in  
(MONTH, YEAR FROM D2)?

	<u>YES</u>	<u>NO</u>
a. Your household income fell? .....	01	00
b. <b>NO QUESTION THIS VERSION.</b>		
c. The number of people in your household changed? .....	01	00
d. <b>NO QUESTION THIS VERSION.</b>		
e. It was getting harder and harder to make ends meet? ....	01	00
f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)? .....	01	00
g. <b>NO QUESTION THIS VERSION.</b>		
h. <b>NO QUESTION THIS VERSION.</b>		
i. You learned about the program or your eligibility for food stamp benefits? .....	01	00
j. Some other reason? (SPECIFY) .....	01	00

\_\_\_\_\_  
|\_|\_| |\_|\_|

D5a.-

D6. **NO QUESTIONS THIS VERSION.**

D7. Now I am going to ask you some questions about your experiences applying for food stamp benefits over the past 3 years.

		CIRCLE "YES" OR "NO"		
		<u>YES</u>	<u>NO</u>	<u>N/A</u>
a.	Was it difficult or expensive for you to get transportation to the food stamp office? .....	01	00	--
b.	Did you have to go to the food stamp office even though your health or disability made it difficult? .....	01	00	--
c.	Was it difficult for you to take time off from work to apply for food stamp benefits? .....	01	00	-4
d.	Did you lose wages when you went to apply for food stamp benefits? .....	01	00	-4
e.	Did you have to arrange for care of someone in your home so that you could go to the food stamp office? .....	01	00	--
f.	Did you have to wait a long time to be served at the food stamp office? .....	01	00	--
<b>PROBE:</b> A long time from your point of view.				
g.	Were staff at the food stamp office disrespectful? .....	01	00	--
h.	Do you think the application form was too long and complicated? .....	01	00	--
i.	Did your caseworker ask you questions that were too personal? .....	01	00	--
j.	Was it difficult for you to get all the necessary paperwork? .....	01	00	--
k.	Did you feel embarrassed having to apply for food stamps?	01	00	--

D7a. Did you experience other difficulties applying for food stamp benefits that you have not already mentioned?

YES ..... 01

NO ..... 00 ! **SKIP TO D8**

D7b. Please describe those difficulties. **RECORD VERBATIM**

---

---

---

|\_|\_|\_|\_|

D8. In the past 3 years, did you ever begin the food stamp application process and not complete it?

- |                  |    |                        |
|------------------|----|------------------------|
| YES .....        | 01 |                        |
| NO .....         | 00 | } → <b>SKIP TO D10</b> |
| DON'T KNOW ..... | -1 |                        |
| REFUSED .....    | -3 |                        |

D9. Why didn't you complete the application process at that time?  
**RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- DIDN'T THINK ELIGIBLE ..... 01
- BENEFIT TOO LOW ..... 02
- APPLICATION TOO TIME-CONSUMING .... 03
- APPLICATION FORM TOO  
COMPLICATED ..... 04
- APPLICATION TOO PERSONAL ..... 05
- TOO MUCH PAPERWORK ..... 06
- DIDN'T KNOW HOW TO COMPLETE  
THE PROCESS ..... 07
- NOT TREATED WELL BY STAFF ..... 08
- STIGMA/EMBARRASSMENT/PRIDE ..... 09
- HEALTH/MOBILITY PROBLEMS ..... 10
- LANGUAGE/LITERACY PROBLEMS ..... 11
- MY SITUATION CHANGED ..... 12
- TRANSPORTATION PROBLEM ..... 13
- HARD TO GET TIME OFF WORK ..... 14
- LOSE WAGES WHEN I GO TO  
FOOD STAMP OFFICE ..... 15
- OTHER (SPECIFY) ..... 16

---

|\_|\_|\_|\_|\_|\_|\_|

D10. In the past 3 years, have you applied for food stamp benefits and been found ineligible?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1



**SKIP TO D12**

D11. Thinking about the last time you applied for food stamp benefits and were found ineligible to receive food stamp benefits, why were you found ineligible?

**RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DID NOT SATISFY WORK  
REQUIREMENTS ..... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

---

|\_|\_|\_|\_|

DON'T KNOW ..... -1

D12. In the past 3 years, have you ever been found eligible for food stamp benefits but not used them?

**PROBE:** By that I mean, you were found to be eligible for food stamp benefits and you did not pick them up or you received them but did not use any of them.

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

☐ → **SKIP TO E1**

D13. The last time that happened, why didn't you use them? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

EMBARRASSED TO USE FOOD STAMP  
BENEFITS ..... 01

NOT TREATED WELL IN FOOD STORES .. 02

NO STORES NEARBY THAT ACCEPT  
FOOD STAMP BENEFITS ..... 03

DID NOT LIKE TO SHOP AT STORES  
THAT ACCEPT FOOD STAMP BENEFITS .. 04

NOT TREATED WELL BY OFFICE/  
PROGRAM ..... 05

TOO HARD TO PICK UP COUPONS/  
STAMPS ..... 06

STAMPS OR EBT CARD WERE LOST  
OR STOLEN ..... 07

BENEFIT AMOUNT WAS TOO SMALL ..... 08

DID NOT NEED FOOD STAMPS ..... 09

OTHER (SPECIFY) ..... 10

---

|\_|\_|\_|\_|\_|\_|\_|

**GO TO E1**

D14. Have you contacted the food stamp office to ask about food stamp benefits in the past 3 years?

YES ..... 01  
NO ..... 00 ! **SKIP TO E1**

D15.-  
D16b. **NO QUESTIONS THIS VERSION.**

D16c. Why didn't you complete an application form at that time? **RECORD  
VERBATIM AND CIRCLE ALL THAT APPLY.**

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- DIDN'T THINK ELIGIBLE ..... 01
- BENEFIT TOO LOW ..... 02
- APPLICATION TOO TIME-CONSUMING .... 03
- APPLICATION FORM TOO  
COMPLICATED ..... 04
- APPLICATION TOO PERSONAL ..... 05
- TOO MUCH PAPERWORK ..... 06
- DIDN'T KNOW HOW TO COMPLETE  
THE PROCESS ..... 07
- NOT TREATED WELL BY STAFF ..... 08
- STIGMA/EMBARRASSMENT/PRIDE ..... 09
- HEALTH/MOBILITY PROBLEMS ..... 10
- LANGUAGE/LITERACY PROBLEMS ..... 11
- MY SITUATION CHANGED ..... 12
- TRANSPORTATION PROBLEM ..... 13
- HARD TO GET TIME OFF WORK ..... 14
- LOSE WAGES WHEN I GO TO  
FOOD STAMP OFFICE ..... 15
- OTHER (SPECIFY) ..... 16

---

|\_|\_|\_|\_|\_|\_|\_|

D17.-  
D21. **NO QUESTIONS THIS VERSION.**



**THIS PAGE INTENTIONALLY BLANK**

## E. NON-PARTICIPATION

Now I would like to talk to you about the reasons you currently do not use food stamps.

	E1.			E2. Is this an important reason you don't use food stamp benefits?			E4.
	YES	NO	DON'T KNOW	YES	NO	DON'T KNOW	MOST IMPORTANT REASON
a. Do you know where to go or who to contact to apply for food stamp benefits? .....	01 !	00	-1	01	00	-1	01
b. Do you think you are currently eligible for food stamp benefits? .....	01 !	00	-1	01	00	-1	02
c. Do you think it would be hard to get to the food stamp office? .....	01	00 !	-1 !	01	00	-1	03
d. Do you think the application process is too long and complicated? .....	01	00 !	-1 !	01	00	-1	04
e. Do you think you would have to answer questions that are too personal when applying for food stamp benefits? .....	01	00 !	-1 !	01	00	-1	05
f. Do you think you would feel embarrassed <u>applying</u> for food stamp benefits? .....	01	00 !	-1 !	01	00	-1	06
g. Do you think you would be eligible for only a small amount of food stamp benefits? .....	01	00 !	-1 !	01	00	-1	07
h. Can you get by on your own without food stamp benefits? .....	01	00 !	-1 !	01	00	-1	08
i. Do you feel that others need food stamp benefits more than you do? ..	01	00 !	-1 !	01	00	-1	09
j. Would you feel embarrassed <u>using</u> food stamp benefits? .....	01	00 !	-1 !	01	00	-1	10
k. Would you dislike relying on government assistance? .....	01	00 !	-1 !	01	00	-1	11
l. Would other family members or friends discourage you from using food stamp benefits? .....	01	00 !	-1 !	01	00	-1	12
m. Do you think that staff at the food stamp office would treat you disrespectfully? .....	01	00 !	-1 !	01	00	-1	13
n. Do you think that the food stamp office would be very unpleasant or you would not be safe? .....	01	00 !	-1 !	01	00	-1	14
o. Do you think your need for food stamp benefits is only temporary? . .	01	00 !	-1 !	01	00	-1	15

p. Are there other important reasons why you do not use food stamp benefits that we have not just mentioned? ..... <b>RECORD VERBATIM BELOW:</b> _____ _____ _____	01	00 !	<b>SKIP TO E3</b>	-1 !	<b>SKIP TO E3</b>	01	00	-1	16
--	----	------	-----------------------	------	-----------------------	----	----	----	----

E3. **INTERVIEWER: HOW MANY “YESES” ARE CIRCLED IN QUESTION E2?**

NONE .....	00	] → <b>SKIP TO E5</b>
ONE .....	01	
MORE THAN ONE .....	02	

E4. Of all the reasons you gave (READ IMPORTANT REASONS FROM E2 IF NECESSARY), what is the most important reason you do not currently use food stamp benefits? **RECORD IN COLUMN MARKED E4.**

E5. **INTERVIEWER: WAS THE RESPONSE TO E1b “YES”?**

YES .....	01
NO .....	00 ! <b>SKIP TO E7</b>

E6. You said you think you are currently eligible for food stamp benefits. How much in food stamp benefits do you think you would qualify for each month? Your best estimate is fine.

CIRCLE ONE RESPONSE

\$10 OR LESS .....	01
BETWEEN \$11 AND \$25 .....	02
BETWEEN \$26 AND \$50 .....	03
BETWEEN \$51 AND \$100 .....	04
BETWEEN \$101 AND \$150 .....	05
BETWEEN \$151 AND \$200 .....	06
BETWEEN \$201 AND \$300 .....	07
MORE THAN \$300 .....	08
DON'T KNOW .....	-1

<b>GO TO E9</b>
-----------------

- E7. You said you think you are not currently eligible for food stamp benefits. Why do you think that you are not eligible to receive food stamp benefits? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01  
TOO MANY ASSETS ..... 02  
MISSING PAPERWORK ..... 03  
CITIZENSHIP STATUS ..... 04  
DO NOT SATISFY WORK  
REQUIREMENTS ..... 05  
ON STRIKE FROM JOB ..... 06  
OTHER (SPECIFY) ..... 07

---

|\_|\_|\_|\_|\_|\_|\_|

DON'T KNOW ..... -1

- E8. Do you think you are currently ineligible because you were told by someone at the food stamp office that you are ineligible?

YES ..... 01  
NO ..... 00 ! **SKIP TO E8b**

- E8a. Were you told this within the last month, within the last three months, within the last year, or more than one year ago?

WITHIN THE LAST MONTH ..... 01  
WITHIN THE LAST 3 MONTHS ..... 02  
WITHIN THE LAST YEAR ..... 03  
MORE THAN ONE YEAR AGO ..... 04  
DON'T KNOW ..... -1

E8b. Were you told by someone at another program that you are ineligible for food stamp benefits?

YES ..... 01 ! **SKIP TO E9**  
 NO ..... 00  
 DON'T KNOW ..... -1

E8c. Do you think you are ineligible because you know someone like you who is ineligible?

YES ..... 01  
 NO ..... 00

E9. **INTERVIEWER: WAS THE RESPONSE TO E1c "YES"?**

YES ..... 01  
 NO ..... 00 ! **SKIP TO E11**

E10. You said you think it would be hard to get to the food stamp office. Is this . . .

	<u>YES</u>	<u>NO</u>
a. Because it is difficult or expensive to get transportation? . . . .	01	00
b. Because of difficulties you have getting around? . . . . .	01	00
c. Because of difficulties you would have taking time off work? . . . . .	01	00
d. Because you would lose pay going to the food stamp office? . . . . .	01	00
e. Because you would have to pay for someone to take care of someone in your home? . . . . .	01	00
f. Because of some other reason I haven't mentioned? (PLEASE SPECIFY) . . . . .	01	00

\_\_\_\_\_  
 | | | | |

E11. INTERVIEWER: WAS THE RESPONSE TO E1d “YES”?

YES ..... 01  
 NO ..... 00 ! **SKIP TO E13**

E12. You think the application process would be too long and complicated. Is this . . .

	<u>YES</u>	<u>NO</u>
a. Because you think you would have to wait a long time to be served? .....	01	00
<b>PROBE:</b> A long time from your point of view.		
b. Because you think the application form is too long and complicated? .....	01	00
c. Because you think it would be difficulty to get all the necessary paperwork? .....	01	00
d. Because of some other reason I haven't mentioned? ..... (PLEASE SPECIFY) .....	01	00
_____		
_ _   _ _		

E12a. INTERVIEWER: WAS THE RESPONSE TO PART “a” OF E12 “YES”?

YES ..... 01  
 NO ..... 00 ! **SKIP TO E13**

E12b. You said you would have to wait a long time to be served. How long do you think you would have to wait? Would it be . . .

15 minutes or less? ..... 01  
 16 to 30 minutes? ..... 02  
 31 minutes to one hour? ..... 03  
 Or, more than one hour? ..... 04  
 DON'T KNOW ..... -1

E13. **INTERVIEWER: WAS THE RESPONSE TO E1e “YES”?**

YES ..... 01

NO ..... 00 ! **SKIP TO E15**

E14. You said you would have to answer questions that were too personal. What type of questions do you feel are too personal?

CIRCLE ALL THAT APPLY

WHO LIVES IN HOUSEHOLD ..... 01

CITIZENSHIP ..... 02

DISABILITIES ..... 03

RESOURCES/ASSETS ..... 04

INCOME ..... 05

MEDICAL EXPENSES ..... 06

DEPENDENT-CARE EXPENSES ..... 07

SHELTER EXPENSES ..... 08

CHILD SUPPORT PAYMENTS ..... 09

OTHER (SPECIFY) ..... 10

\_\_\_\_\_ | | | | | |

E15. **INTERVIEWER: WAS THE RESPONSE TO E1g “YES”?**

YES ..... 01

NO ..... 00 ! **SKIP TO E17**

E16. You said you think you are eligible for only a small amount of food stamp benefits.



E16a. Were you told by someone at a food stamp office that you were eligible for only a small amount of food stamp benefits?

YES .....	01	
NO .....	00	] → <b>SKIP TO E16c</b>
DON'T KNOW .....	-1	

E16b. Were you told this within the last month, within the last three months, within the last year, or more than one year ago?

WITHIN LAST MONTH .....	01
WITHIN LAST 3 MONTHS .....	02
WITHIN THE LAST YEAR .....	03
MORE THAN ONE YEAR AGO .....	04
DON'T KNOW .....	-1

**GO TO E17**

E16c. Were you told by someone at another program that you were eligible for only a small amount of benefits?

YES .....	01
NO .....	00
DON'T KNOW .....	-1

E16d. Do you think that you would receive only a small amount of benefits because you know someone like you who receives only a small amount of benefits?

YES .....	01
NO .....	00
DON'T KNOW .....	-1

E17. INTERVIEWER: WAS THE RESPONSE TO E1n “YES”?

YES ..... 01

NO ..... 00 ! **SKIP TO E19**

E18. You thought the food stamp office would be very unpleasant or you would not be safe? Is this . . .

	<u>YES</u>	<u>NO</u>
a. Because the inside of the building would be unpleasant? .....	01	00
b. Because you wouldn't like waiting with the other applicants? .....	01	00
c. Because the office would be in an unsafe neighborhood? .....	01	00
d. Because of something else? (SPECIFY) .....	01	00
<hr/> <div style="text-align: right;"> _ _   _ _ </div>		

E19. Do you agree with the statement made by some people that “its OK to receive food stamp benefits if you pay taxes”?

YES ..... 01

NO ..... 00

**F. NO SECTION F**

**G. FOOD SECURITY**

G1. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (MONTH 12 MONTHS AGO).

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

Often true . . . . . 01  
Sometimes true . . . . . 02  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

G2.-

G4. **NO QUESTIONS THIS VERSION.**

G4s. **INTERVIEWER: CHECK QUESTION A2s. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES . . . . . 01  
NO . . . . . 00 ! **SKIP TO G9**

G5. "(I/We) relied on only a few kinds of low-cost food to feed (my/our) child/the children) because (I was/we were) running out of money to buy food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

**PROBE:** By low-cost food we mean rice, beans, macaroni products, bread, or potatoes, or foods like that.

Often true . . . . . 01  
Sometimes true . . . . . 02  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

G6.-

G8. **NO QUESTIONS THIS VERSION.**

G9. In the last 12 months, since last (MONTH 12 MONTHS AGO), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO G13**

G9a. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month ..... 01

Some months but not every month ..... 02

Only 1 or 2 months ..... 03

DON'T KNOW ..... -1

G10.-

G12. **NO QUESTIONS THIS VERSION.**

G13. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO G14s**

G14. **NO QUESTION THIS VERSION.**

G14s. **INTERVIEWER: CHECK QUESTION A2s. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES ..... 01

NO ..... 00 ! **SKIP TO L1**

G15. **NO QUESTION THIS VERSION.**

G16. The next questions are about children living in the household who are under 18 years old.

In the last 12 months, since (CURRENT MONTH) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

G17.-

G19. **NO QUESTIONS THIS VERSION.**

H. NO SECTION H

I. NO SECTION I

J. NO SECTION J

K. NO SECTION K

L. DEMOGRAPHIC INFORMATION

L1. Now, I have just a few final questions.

Can you tell me your age?

|\_\_|\_\_| / |\_\_|\_\_| / 19 |\_\_|\_\_|  
MONTH DAY YEAR

OR |\_\_|\_\_| YEARS OLD

L2. **CODE WITHOUT ASKING: (ASK ONLY IF NOT OBVIOUS)** Are you male or female?

MALE ..... 01

FEMALE ..... 00

L3. Are you now . . .

Married, ..... 01

Living with someone as married, ..... 02

Widowed, ..... 03

Divorced, ..... 04

Separated, ..... 05

Or have you never been married? ..... 06

L4. What is the highest grade or level of school that you have completed?

FIRST GRADE . . . . .	01
SECOND GRADE . . . . .	02
THIRD GRADE . . . . .	03
FOURTH GRADE . . . . .	04
FIFTH GRADE . . . . .	05
SIXTH GRADE . . . . .	06
SEVENTH GRADE . . . . .	07
EIGHTH GRADE . . . . .	08
NINTH GRADE . . . . .	09
TENTH GRADE . . . . .	10
ELEVENTH GRADE . . . . .	11
TWELFTH GRADE . . . . .	12
GRADUATED HIGH SCHOOL (DIPLOMA) . .	13
GED . . . . .	14
VOCATIONAL TRAINING PROGRAM CERTIFICATE . . . . .	15
SOME COLLEGE . . . . .	16
TWO- OR FOUR-YEAR COLLEGE DEGREE . . . . .	17
OTHER (SPECIFY) . . . . .	18
<hr/>	
_ _   _ _	
DON'T KNOW . . . . .	-1
REFUSED . . . . .	-3

L5. Are you Hispanic, Latino or of Spanish origin?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1  
REFUSED ..... -3

L6. What is your racial background? Choose one or more of the following  
races . . .

**INTERVIEWER: ACCEPT AND RECORD MULTIPLE RESPONSES  
WITHOUT PROBING.**

White, ..... 01  
Black or African American, ..... 02  
American Indian or Alaska Native, ..... 03  
Asian, ..... 04  
Native Hawaiian or Other Pacific Islander? .... 05  
OTHER (SPECIFY) ..... 06

\_\_\_\_\_  
|\_|\_| |\_|\_|  
DON'T KNOW ..... -1  
REFUSED ..... -3

L7.-

L7a. **NO QUESTIONS THIS VERSION.**

L8. These are all my questions. Thank you very much for your time.

<b>TIME ENDED:</b>  _ _ : _ _  AM....01 PM....02
--



**M. INTERVIEWER OBSERVATIONS**

(To be filled out after interview is completed.)

M1. In general, was the respondent's understanding of the questions?

CIRCLE ONE

EXCELLENT ..... 01

GOOD ..... 02

FAIR ..... 03

POOR ..... 04

M2. Did the respondent seem to have any trouble understanding English?

YES ..... 01

NO ..... 00

M3. Were there any questions that the respondent complained about?

YES ..... 01

NO ..... 00 ! **SKIP TO M4**

M3a. Please list the questions and describe the problems.

Question	Problem

M4. Were there any questions which the respondent didn't understand?

YES ..... 01

NO ..... 00 ! **SKIP TO M5**

M4a. Please list the questions and describe the problems.

Question	Problem

M5. Please describe any difficulties the respondent had which are not described above.

---

---

---

---

---

---

---

---

---

9 NONE

## 9 Elderly in Household

Callbacks/Appointments					
Intv ID	Date	Time	Status	Callback Date	Callback Time
_____	___/___	_____A/P	_____	___/___	_____A/P
_____	___/___	_____A/P	_____	___/___	_____A/P
_____	___/___	_____A/P	_____	___/___	_____A/P

**NOTES:**

**FINAL**

- |    |                                 |
|----|---------------------------------|
| 01 | COMPLETE                        |
| 02 | REFUSAL                         |
| 03 | INCOMPLETE/BREAKOFF             |
| 04 | UNLOCATABLE                     |
| 05 | UNAVAILABLE DURING FIELD PERIOD |
| 06 | CHRONIC NO ANSWER/BUSY          |
| 07 | ANSWERING MACHINE               |
| 08 | BARRIER (LANG/PHY/COGN)         |
| 09 | OTHER                           |

INTERVIEWER ID #:  _ _ _ _ _ _ _ _ _ _	DATE:  _ _ _ _  /  _ _ _ _  / 19  _ _ _ _  MONTH DAY YEAR
MPR ID #:  _ _ _ _ _ _ _ _ _ _	TIME BEGAN:  _ _ _ : _ _ _  AM....01 PM....02

## WP & PE STUDY

### Main Questionnaire: Elderly Nonparticipant--Long

#### A. HOUSEHOLD COMPOSITION

A1. Please tell me the first name or initials of each person who currently lives in your household starting with you. By household I mean people who live with you and share food with you.

**PROBE:** Include any persons who live with you more than half time.

A2. How is (NAME) related to you? **ENTER CODE BELOW.**

A3. How old (are you/is NAME)? **PROBE:** Your best estimate is fine.

Person Number	A1. First Name or Initials	A2. Relationship	A3. Age
1.	_____	SELF	_ _ _  DON'T KNOW ..... -1
2.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
3.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
4.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
5.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
6.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
7.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
8.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
9.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
10.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1

**RELATIONSHIP CODES**

01	MALE SPOUSE/PARTNER	06	GRANDMOTHER	11	OTHER MALE RELATIVE
02	FEMALE SPOUSE/PARTNER	07	SON/STEPSON		OR NONRELATIVE
03	FATHER/STEPFATHER	08	DAUGHTER/STEPDAUGHTER	12	OTHER FEMALE RELATIVE
04	MOTHER/STEPMOTHER	09	BROTHER/STEPBROTHER		OR NONRELATIVE
05	GRANDFATHER	10	SISTER/STEPSISTER		

A4. I've recorded the following names (READ NAMES FROM A1). Is there anyone else such as babies or small children? Anyone who usually lives with you but is now away from home, or anyone else staying here?

YES ..... 01 ! **GO BACK AND  
CORRECT A1-A3**  
NO ..... 00

**B. KNOWLEDGE OF THE FSP**

B0. Before we talked to you about this survey, had you heard of food stamps or the Food Stamp Program?

YES ..... 01

NO ..... 00 ! **SKIP TO F1, PAGE 29**

B1. **NO QUESTION THIS VERSION.**

B2. As far as you know, do any of your relatives, friends, neighbors, or co-workers currently receive food stamp benefits?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

B3.-

B8. **NO QUESTIONS THIS VERSION.**



**C. FSP PARTICIPATION HISTORY**

C1. Have you received food stamp benefits in the past 3 years?

YES ..... 01 ! **SKIP TO C2a**

NO ..... 00

C2. Over the course of your adult life, have you ever received food stamp benefits?

YES ..... 01

NO ..... 00

➔ **SKIP TO D1**

C2a. Did you receive food stamp benefits for more than 3 months since February 1, 1997?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

C3. When was the last time you received food stamp benefits?

|\_|\_| 19 |\_|\_|  
MONTH YEAR

C3a. **INTERVIEWER: IS DATE MORE THAN THREE YEARS AGO?**

YES ..... 01 ! **SKIP TO D1**

NO ..... 00

DON'T KNOW ..... -1

C4. How did you get your food stamp benefits in (DATE FROM C3)? Did you get coupons or credit to an EBT card?

**PROBE:**

In Colorado, the EBT card is called Colorado Quest.

In Massachusetts, the EBT card is called an EBT card.

In Texas, the EBT card is called the Lone Star card.

No EBT card in Minnesota, North Carolina or Pennsylvania.

COUPONS ..... 01

EBT CARD ..... 02

C4a. What was the amount of food stamp benefits you received in (DATE FROM C3)?

\$ |\_\_|,|\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

C5. Did you stop receiving food stamp benefits in (DATE FROM C3) because you were notified that you were not eligible?

YES ..... 01 ! **SKIP TO C13a**

NO ..... 00

C6. Why did you stop participating in the food stamp program in (DATE FROM C3)?  
**RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

CIRCLE ALL THAT APPLY

- NOT WORTH THE EFFORT FOR  
THE AMOUNT OF BENEFITS ..... 01
- NO LONGER NEEDED FOOD STAMP  
BENEFITS ..... 02
- EMBARRASSED USING FOOD STAMP  
BENEFITS ..... 03
- THOUGHT NO LONGER ELIGIBLE ..... 04
- THOUGHT SITUATION WOULD  
IMPROVE ..... 05
- HARD TO GET TO FOOD STAMP OFFICE .. 06
- PROCESS OF RECEIVING FOOD  
STAMP BENEFITS IS TOO LONG  
OR COMPLICATED ..... 07
- HAD TO ANSWER TOO MANY  
PERSONAL QUESTIONS ..... 08
- FAMILY MEMBERS DISAPPROVED  
OF MY/OUR RECEIVING FOOD  
STAMP BENEFITS ..... 09
- DO NOT LIKE TO RELY ON  
GOVERNMENT ASSISTANCE ..... 10
- OTHER PEOPLE NEEDED THEM MORE ... 11
- NOT TREATED WELL BY STAFF ..... 12
- OFFICE IS VERY UNPLEASANT ..... 13
- OFFICE IN AN UNSAFE  
NEIGHBORHOOD ..... 14
- OTHER (SPECIFY) ..... 15

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

C7.-

C11. **NO QUESTIONS THIS VERSION.**

C12. In the past 3 years, did you ever stop receiving food stamp benefits because you were notified that you were not eligible?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

REFUSED ..... -3

→ **SKIP TO C13c**

C13. Thinking about the last time you were found ineligible to receive food stamp benefits, what were the reasons? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DID NOT SATISFY WORK  
REQUIREMENTS ..... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

---

|\_|\_|\_|\_|\_|\_|\_|

DON'T KNOW ..... -1

**SKIP TO C13c**

C13a. Why were you found ineligible? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---



---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DID NOT SATISFY WORK  
REQUIREMENTS ..... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

---

|\_|\_|\_|\_|\_|\_|\_|

DON'T KNOW ..... -1

C13b. **NO QUESTION THIS VERSION.**

C13c. When you received food stamps in the past, did you ever do things so that people will not find out you receive food stamp benefits?

**PROBE:** For example, some people try to use their food stamp benefits in stores where they are unlikely to meet anyone they know.

YES ..... 01

NO ..... 00

C14. Now I'm going to ask you some questions about your experiences with food stamp benefits over the past three years.

CIRCLE "YES" OR "NO"  
FOR EACH STATEMENT

	<u>YES</u>	<u>NO</u>
a. When using food stamp benefits in stores, were you sometimes treated disrespectfully by either employees or customers? .....	01	00
b. Were you embarrassed to use food stamp benefits? .....	01	00
c. Did you have any difficulties obtaining your monthly food stamp benefits? .....	01	00
d. Did you feel that you really needed food stamp benefits to make it through the month? .....	01	00
e. Did you have any difficulties doing all the paperwork needed to keep getting food stamp benefits? .....	01	00
f. Did you have any difficulties arranging meetings with your caseworker at convenient times? .....	01	00
g. Did food stamp office staff ever treat you disrespectfully? .....	01	00

C15. Did you experience other difficulties with food stamp benefits that you have not already mentioned? Please do not include any difficulties you had applying, we will ask about this later.

YES ..... 01

NO ..... 00 ! **SKIP TO D1**

C16. Please describe those difficulties. **RECORD VERBATIM**

---

---

---

|\_|\_|\_|\_|

**D. HISTORY OF APPLICATIONS**

D1. Have you applied for food stamp benefits in the past 3 years? By applied I mean have you at least completed a **new** application form?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

→ **SKIP TO D14**

D2. When was the last time you applied for food stamp benefits?

|\_|\_| 19 |\_|\_|  
MONTH YEAR

D3. All these next questions refer to the last time you applied for food stamp benefits in (MONTH YEAR FROM D2).

When you applied for food stamp benefits in (MONTH/YEAR FROM D2), did you also apply for any other kinds of public assistance such as Supplemental Security Income (or SSI), AFDC, [FILL STATE WELFARE NAME], Medicaid, or general assistance?

Colorado	Colorado Works
Massachusetts	Transitional Aid to Families with Dependent Children
Minnesota	MFIP Minnesota's Family Investment Program
North Carolina	Work First Benefits
Pennsylvania	TANF
Texas	TANF

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

D4a. The last time you applied, did you or someone else mail or take the application form to a food stamp office?

YES ..... 01 ! **SKIP TO D4c**  
NO ..... 00  
DON'T KNOW ..... -1



D4b. Did you or someone else mail or take the application form to an SSI office, a senior center, a hospital, a housing complex, or somewhere else?

CIRCLE ONE

AN SSI OFFICE, ..... 01  
A SENIOR CENTER, ..... 02  
A HOSPITAL, ..... 03  
A HOUSING COMPLEX, OR ..... 04  
SOMEWHERE ELSE? (PLEASE SPECIFY) . 05

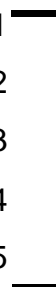
\_\_\_\_\_ | | | | |

D4c. The last time you applied, did you apply yourself or did an authorized representative apply for you?

APPLIED MYSELF ..... 01  
AUTHORIZED REPRESENTATIVE ..... 02

D4d. Where did (you/your authorized representative) have the interview with your caseworker?

AT FOOD STAMP OFFICE ..... 01  
AT SSI OFFICE ..... 02  
AT A SENIOR CENTER ..... 03  
AT A HOSPITAL ..... 04  
AT A HOUSING COMPLEX ..... 05  
SOMEWHERE ELSE (PLEASE SPECIFY) .. 06



➔ **SKIP TO D4f**

\_\_\_\_\_ | | | | |

AT HOME ..... 07

D4e. Did you have your interview by telephone or did a caseworker come to your home?

BY TELEPHONE ..... 01

VISIT BY CASEWORKER ..... 02

D4f. The last time you applied, did you take time off from work to apply for food stamp benefits?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

DOESN'T WORK ..... -4

D4g. The last time you applied, did you have a lot of help with the application?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO D5**

D4h. What type of help did you receive? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- TRANSPORTATION TO THE OFFICE . . . . . 01
- HAVING SOMEONE BE WITH ME
- AT THE FOOD STAMP OFFICE . . . . . 02
- HAVING SOMEONE ELSE GO TO
- OFFICE INSTEAD OF ME . . . . . 03
- TRANSLATION . . . . . 04
- HELP FILLING OUT APPLICATION . . . . . 05
- HELP OBTAINING NECESSARY
- DOCUMENTATION . . . . . 06
- OTHER (SPECIFY) . . . . . 07

---

|\_|\_|\_|\_|\_|\_|\_|

D4i. Who provided this help?

CIRCLE ALL THAT APPLY

- CASEWORKER . . . . . 01
- RELATIVE, FRIEND, OR NEIGHBOR . . . . . 02
- CLERGYMAN . . . . . 03
- COMMUNITY WORKER (OUTREACH
- WORKER OR LEGAL AID
- REPRESENTATIVE) . . . . . 04
- VOLUNTEER AT FOOD STAMP OFFICE . . . 05
- OTHER (SPECIFY) . . . . . 06

---

|\_|\_|\_|\_|\_|\_|\_|

D5. Which of the following reasons led you to apply for food stamp benefits in (MONTH, YEAR FROM D2)?

	<u>YES</u>	<u>NO</u>
a. Your household income fell? . . . . .	01	00
b. <b>NO QUESTION THIS VERSION.</b>		
c. The number of people in your household changed? . . . . .	01	00
d. <b>NO QUESTION THIS VERSION.</b>		
e. It was getting harder and harder to make ends meet? . . . .	01	00
f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)? . . . . .	01	00
g. <b>NO QUESTION THIS VERSION.</b>		
h. <b>NO QUESTION THIS VERSION.</b>		
i. You learned about the program or your eligibility for food stamp benefits? . . . . .	01	00
j. Some other reason? (SPECIFY) . . . . .	01	00
_____		
_____		
	_ _	_ _

D5a.-

D6. **NO QUESTIONS THIS VERSION.**

D7. Now I am going to ask you some questions about your experiences applying for food stamp benefits over the past 3 years.

		CIRCLE "YES" OR "NO"		
		YES	NO	N/A
a.	Was it difficult or expensive for you to get transportation to the food stamp office? .....	01	00	--
b.	Did you have to go to the food stamp office even though your health or disability made it difficult? .....	01	00	--
c.	Was it difficult for you to take time off from work to apply for food stamp benefits? .....	01	00	-4
d.	Did you lose wages when you went to apply for food stamp benefits? .....	01	00	-4
e.	Did you have to arrange for care of someone in your home so that you could go to the food stamp office? .....	01	00	--
f.	Did you have to wait a long time to be served at the food stamp office? .....	01	00	--
<b>PROBE:</b> A long time from your point of view.				
g.	Were staff at the food stamp office disrespectful? .....	01	00	--
h.	Do you think the application form was too long and complicated? .....	01	00	--
i.	Did your caseworker ask you questions that were too personal? .....	01	00	--
j.	Was it difficult for you to get all the necessary paperwork? .....	01	00	--
k.	Did you feel embarrassed having to apply for food stamps?	01	00	--

D7a. Did you experience other difficulties applying for food stamp benefits that you have not already mentioned?

YES ..... 01

NO ..... 00 ! **SKIP TO D8**

D7b. Please describe those difficulties. **RECORD VERBATIM**

---



---



---

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

D8. In the past 3 years, did you ever begin the food stamp application process and not complete it?

YES .....	01	
NO .....	00	} → <b>SKIP TO D10</b>
DON'T KNOW .....	-1	
REFUSED .....	-3	

D9. Why didn't you complete the application process at that time?

**RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

CIRCLE ALL THAT APPLY

- DIDN'T THINK ELIGIBLE ..... 01
- BENEFIT TOO LOW ..... 02
- APPLICATION TOO TIME-CONSUMING .... 03
- APPLICATION FORM TOO  
COMPLICATED ..... 04
- APPLICATION TOO PERSONAL ..... 05
- TOO MUCH PAPERWORK ..... 06
- DIDN'T KNOW HOW TO COMPLETE  
THE PROCESS ..... 07
- NOT TREATED WELL BY STAFF ..... 08
- STIGMA/EMBARRASSMENT/PRIDE ..... 09
- HEALTH/MOBILITY PROBLEMS ..... 10
- LANGUAGE/LITERACY PROBLEMS ..... 11
- MY SITUATION CHANGED ..... 12
- TRANSPORTATION PROBLEM ..... 13
- HARD TO GET TIME OFF WORK ..... 14
- LOSE WAGES WHEN I GO TO  
FOOD STAMP OFFICE ..... 15
- OTHER (SPECIFY) ..... 16

\_\_\_\_\_

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

D10. In the past 3 years, have you applied for food stamp benefits and been found ineligible?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO D12**

D11. Thinking about the last time you applied for food stamp benefits and were found ineligible, why were you found ineligible? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DID NOT SATISFY WORK  
REQUIREMENTS ..... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

---

|\_|\_|\_|\_|

DON'T KNOW ..... -1



D12. In the past 3 years, have you ever been found eligible for food stamp benefits but not used them?

**PROBE:** By that I mean, you were found to be eligible for food stamp benefits and you did not pick them up or you received them but did not use any of them.

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO E1**

D13. The last time that happened, why didn't you use them? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- EMBARRASSED TO USE FOOD  
STAMP BENEFITS ..... 01
- NOT TREATED WELL IN FOOD STORES ..... 02
- NO STORES NEARBY THAT ACCEPT  
FOOD STAMP BENEFITS ..... 03
- DID NOT LIKE TO SHOP AT STORES  
THAT ACCEPT FOOD STAMP BENEFITS ..... 04
- NOT TREATED WELL BY OFFICE/PROGRAM .. 04
- TOO HARD TO PICK UP COUPONS/STAMPS .. 06
- STAMPS OR EBT CARD WERE LOST  
OR STOLEN ..... 07
- BENEFIT AMOUNT WAS TOO SMALL ..... 08
- DID NOT NEED FOOD STAMPS ..... 09
- OTHER (SPECIFY) ..... 10

---

|\_|\_|\_|\_|

**GO TO E1**

D14. Have you contacted the food stamp office to ask about food stamp benefits in the past 3 years?

YES ..... 01

NO ..... 00 ! **SKIP TO E1**

D15. When was the last time you contacted the food stamp office to ask about food stamp benefits?

|\_\_|\_\_| 19 |\_\_|\_\_|  
 MONTH      YEAR

D16. Which of the following reasons led you to ask about food stamp benefits in (DATE FROM D15)?

	<u>YES</u>	<u>NO</u>
a. Your household income fell? .....	01	00
b. <b>NO QUESTION THIS VERSION.</b>		
c. The number of people in your household changed? .....	01	00
d. <b>NO QUESTION THIS VERSION.</b>		
e. It was getting harder and harder to make ends meet? ....	01	00
f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)? .....	01	00
g. <b>NO QUESTION THIS VERSION.</b>		
h. <b>NO QUESTION THIS VERSION.</b>		
i. You learned about the program or your eligibility for food stamp benefits? .....	01	00
j. Some other reason? (SPECIFY) .....	01	00

\_\_\_\_\_

\_\_\_\_\_

|\_\_|\_\_| |\_\_|\_\_|

D16a.-

D16b. **NO QUESTIONS THIS VERSION.**

D16c. Why didn't you complete an application form at that time? **RECORD  
VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

CIRCLE ALL THAT APPLY

- DIDN'T THINK ELIGIBLE ..... 01
- BENEFIT TOO LOW ..... 02
- APPLICATION TOO TIME-CONSUMING .... 03
- APPLICATION FORM TOO  
COMPLICATED ..... 04
- APPLICATION TOO PERSONAL ..... 05
- TOO MUCH PAPERWORK ..... 06
- DIDN'T KNOW HOW TO COMPLETE  
THE PROCESS ..... 07
- NOT TREATED WELL BY STAFF ..... 08
- STIGMA/EMBARRASSMENT/PRIDE ..... 09
- HEALTH/MOBILITY PROBLEMS ..... 10
- LANGUAGE/LITERACY PROBLEMS ..... 11
- MY SITUATION CHANGED ..... 12
- TRANSPORTATION PROBLEM ..... 13
- HARD TO GET TIME OFF WORK ..... 14
- LOSE WAGES WHEN I GO TO  
FOOD STAMP OFFICE ..... 15
- OTHER (SPECIFY) ..... 16

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

D17.-

D21. **NO QUESTIONS THIS VERSION.**

## E. NONPARTICIPATION

Now I would like to talk to you about the reasons you currently do not use food stamps.

	E1.			E2. Is this an important reason you don't use food stamp benefits?			E4.
	YES	NO	DON'T KNOW	YES	NO	DON'T KNOW	MOST IMPORTANT REASON
a. Do you know where to go or who to contact to apply for food stamp benefits? .....	01 !	00	-1	01	00	-1	01
b. Do you think you are currently eligible for food stamp benefits? .....	01 !	00	-1	01	00	-1	02
c. Do you think it would be hard to get to the food stamp office? .....	01	00 !	-1 !	01	00	-1	03
d. Do you think the application process is too long and complicated? .....	01	00 !	-1 !	01	00	-1	04
e. Do you think you would have to answer questions that are too personal when applying for food stamp benefits? .....	01	00 !	-1 !	01	00	-1	05
f. Do you think you would feel embarrassed <u>applying</u> for food stamp benefits? .....	01	00 !	-1 !	01	00	-1	06
g. Do you think you would be eligible for only a small amount of food stamp benefits? .....	01	00 !	-1 !	01	00	-1	07
h. Can you get by on your own without food stamp benefits? .....	01	00 !	-1 !	01	00	-1	08
i. Do you feel that others need food stamp benefits more than you do? ..	01	00 !	-1 !	01	00	-1	09
j. Would you feel embarrassed <u>using</u> food stamp benefits? .....	01	00 !	-1 !	01	00	-1	10
k. Would you dislike relying on government assistance? .....	01	00 !	-1 !	01	00	-1	11
l. Would other family members or friends discourage you from using food stamp benefits? .....	01	00 !	-1 !	01	00	-1	12
m. Do you think that staff at the food stamp office would treat you disrespectfully? .....	01	00 !	-1 !	01	00	-1	13
n. Do you think that the food stamp office would be very unpleasant or you would not be safe? .....	01	00 !	-1 !	01	00	-1	14
o. Do you think your need for food stamp benefits is only temporary? ...	01	00 !	-1 !	01	00	-1	15

<p>p. Are there other important reasons why you do not use food stamp benefits that we have not just mentioned? .....</p> <p><b>RECORD VERBATIM BELOW:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>01</p> <p>00 !</p> <p>SKIP TO E3</p> <p>-1 !</p> <p>SKIP TO E3</p>	<p>01</p> <p>00</p> <p>-1</p>	<p>16</p>
--	---	-------------------------------	-----------

E3. **INTERVIEWER: HOW MANY “YESES” ARE CIRCLED IN QUESTION E2?**

NONE .....	00	} → <b>SKIP TO E5</b>
ONE .....	01	
MORE THAN ONE .....	02	

E4. Of all the reasons you gave (READ IMPORTANT REASONS FROM E2 IF NECESSARY), what is the most important reason you do not currently use food stamp benefits? **RECORD IN COLUMN MARKED E4.**

E5. **INTERVIEWER: WAS THE RESPONSE TO E1b “YES”?**

YES .....	01
NO .....	00 ! <b>SKIP TO E7</b>

E6. You said you think you are currently eligible for food stamp benefits. How much in food stamp benefits do you think you would qualify for each month? Your best estimate is fine.

CIRCLE ONE RESPONSE

\$10 OR LESS .....	01
BETWEEN \$11 AND \$25 .....	02
BETWEEN \$26 AND \$50 .....	03
BETWEEN \$51 AND \$100 .....	04
BETWEEN \$101 AND \$150 .....	05
BETWEEN \$151 AND \$200 .....	06
BETWEEN \$201 AND \$300 .....	07
MORE THAN \$300 .....	08
DON'T KNOW .....	-1

**GO TO E9**

- E7. You said you think you are not currently eligible for food stamp benefits. Why do you think that you are not eligible to receive food stamp benefits? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DO NOT SATISFY WORK  
REQUIREMENTS ..... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

---

|\_|\_|\_|\_|\_|\_|\_|

DON'T KNOW ..... -1

- E8. Do you think you are currently ineligible because you were told by someone at the food stamp office that you are ineligible?

YES ..... 01

NO ..... 00 ! **SKIP TO E8b**

- E8a. Were you told this within the last month, within the last three months, within the last year, or more than one year ago?

WITHIN THE LAST MONTH ..... 01

WITHIN THE LAST 3 MONTHS ..... 02

WITHIN THE LAST YEAR ..... 03

MORE THAN ONE YEAR AGO ..... 04

DON'T KNOW ..... -1

E8b. Were you told by someone at another program that you are ineligible for food stamp benefits?

YES ..... 01 ! **SKIP TO E9**  
 NO ..... 00  
 DON'T KNOW ..... -1

E8c. Do you think you are ineligible because you know someone like you who is ineligible?

YES ..... 01  
 NO ..... 00

E9. **INTERVIEWER: WAS THE RESPONSE TO E1c "YES"?**

YES ..... 01  
 NO ..... 00 ! **SKIP TO E11**

E10. You said you think it would be hard to get to the food stamp office.  
 Is this . . .

	<u>YES</u>	<u>NO</u>
a. Because it is difficult or expensive to get transportation? .....	01	00
b. Because of difficulties you have getting around? .....	01	00
c. Because of difficulties you would have taking time off work? .....	01	00
d. Because you would lose pay going to the food stamp office? .....	01	00
e. Because you would have to pay for someone to take care of someone in your home? .....	01	00
f. Because of some other reason I haven't mentioned? (PLEASE SPECIFY) .....	01	00

\_\_\_\_\_  
 | | | | |



E11. INTERVIEWER: WAS THE RESPONSE TO E1d “YES”?

YES ..... 01

NO ..... 00 ! **SKIP TO E13**

E12. You think the application process would be too long and complicated. Is this . . .

	<u>YES</u>	<u>NO</u>
a. Because you think you would have to wait a long time to be served? .....	01	00
<b>PROBE:</b> A long time from your point of view.		
b. Because you think the application form is too long and complicated? .....	01	00
c. Because you think it would be difficult to get all the necessary paperwork? .....	01	00
d. Because of some other reason I haven't mentioned? (PLEASE SPECIFY) .....	01	00
_____		
_ _ _ _		

E12a. INTERVIEWER: WAS THE RESPONSE TO PART “a” OF E12 “YES”?

YES ..... 01

NO ..... 00 ! **SKIP TO E13**

E12b. You said you would have to wait a long time to be served. How long do you think you would have to wait? Would it be . . .

15 minutes or less? ..... 01

16 to 30 minutes? ..... 02

31 minutes to one hour? ..... 03

Or, more than one hour? ..... 04

DON'T KNOW ..... -1

E13. **INTERVIEWER: WAS THE RESPONSE TO E1e “YES”?**

YES ..... 01

NO ..... 00 ! **SKIP TO E15**

E14. You said you would have to answer questions that were too personal. What type of questions do you feel are too personal?

CIRCLE ALL THAT APPLY

WHO LIVES IN HOUSEHOLD ..... 01

CITIZENSHIP ..... 02

DISABILITIES ..... 03

RESOURCES/ASSETS ..... 04

INCOME ..... 05

MEDICAL EXPENSES ..... 06

DEPENDENT-CARE EXPENSES ..... 07

SHELTER EXPENSES ..... 08

CHILD SUPPORT PAYMENTS ..... 09

OTHER (SPECIFY) ..... 10

\_\_\_\_\_ | | | | |

E15. **INTERVIEWER: WAS THE RESPONSE TO E1g “YES”?**

YES ..... 01

NO ..... 00 ! **SKIP TO E17**

E16. You said you think you are eligible for only a small amount of food stamp benefits.

E16a. Were you told by someone at a food stamp office that you were eligible for only a small amount of food stamp benefits?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

 **SKIP TO E16c**

E16b. Were you told this within the last month, within the last three months, within the last year, or more than one year ago?

WITHIN LAST MONTH ..... 01

WITHIN LAST 3 MONTHS ..... 02

WITHIN THE LAST YEAR ..... 03

MORE THAN ONE YEAR AGO ..... 04

DON'T KNOW ..... -1

**SKIP TO E17**

E16c. Were you told by someone at another program that you were eligible for only a small amount of food stamp benefits?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

E16d. Do you think that you would receive only a small amount of benefits because you know someone like you who receives only a small amount of benefits?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

E17. INTERVIEWER: WAS THE RESPONSE TO E1n “YES”?

YES ..... 01

NO ..... 00 ! **SKIP TO E19**

E18. You thought the food stamp office would be very unpleasant or you would not be safe? Is this . . .

	<u>YES</u>	<u>NO</u>
a. Because the inside of the building would be unpleasant? .....	01	00
b. Because you wouldn't like waiting with the other applicants? .....	01	00
c. Because the office would be in an unsafe neighborhood? .....	01	00
d. Because of something else? (SPECIFY) .....	01	00
<hr/> <div style="text-align: right;"> _ _ _ _ _ </div>		

E19. Do you agree with the statement made by some people that “its OK to receive food stamp benefits if you pay taxes”?

YES ..... 01

NO ..... 00

**F. RECEIPT OF FOOD ASSISTANCE**

F1. During the past 12 months, did (you/anyone in the household) ever receive free or reduced-cost meals for the elderly either at a facility or delivered to your home?

**PROBE:** By facility we mean places such as a senior center or community center or some other special place with a meal program.

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F1a. **INTERVIEWER: ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES ..... 01  
NO CHILDREN ..... 00 ! **SKIP TO F5**

F2. During the past 12 months, did any children in the household ever receive free or reduced-cost meals at a day-care or Head Start program?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1  
CHILD/CHILDREN DO NOT ATTEND  
DAY CARE PROGRAM ..... -4

F3. Not counting meals at Head Start or daycare programs, during the past 12 months, did any children in the household ever receive free or reduced-cost lunches at school?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1  
CHILD/CHILDREN DO NOT  
ATTEND SCHOOL ..... -4! **SKIP TO F5**

F4. During the past 12 months, did any children in the household ever receive free or reduced-cost breakfasts at school?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F5. **INTERVIEWER: CHECK QUESTION A1: IS ANYONE IN THIS  
HOUSEHOLD EITHER UNDER AGE 6 OR A WOMAN  
UNDER 45 YEARS OF AGE?**

YES ..... 01  
NO ..... 00 ! **SKIP TO F7**

F6. During the past 12 months, did (you/anyone in the household) ever get food through the WIC program?

**PROBE:** By WIC we mean the U.S. Department of Agriculture's Special Supplemental Nutrition Program for Women, Infants, and Children, which provides food packages and nutrition education to women, infants, and young children.

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F7. During the past 12 months, did (you/anyone in the household) ever get food, or vouchers to buy food, from any other kind of program?


YES .....	01
NO .....	00
DON'T KNOW .....	-1

(SPECIFY PROGRAM):

---

---

||| |||



F8. In the last 12 months, did you (or other adults in your household) ever get food or borrow money for food from friends or relatives?

YES .....	01
NO .....	00
DON'T KNOW .....	-1

F9. In the last 12 months, did you (or other adults in your household) ever get emergency food from a church, a food pantry, or food bank?

YES .....	01
NO .....	00
DON'T KNOW .....	-1

F10. In the last 12 months, did you (or other adults in your household) ever eat any meals at a soup kitchen?

YES .....	01
NO .....	00
DON'T KNOW .....	-1

F10a. In the last 12 months, did you (or other adults in the household) ever receive free or reduced-price meals at work?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F11. Some people are able to get food from their own garden or farm, or from hunting or fishing. During the last 12 months, did you (anyone in the household) ever get food from . . .

	<u>YES</u>	<u>NO</u>
a. Your own vegetable garden? .....	01	00
b. Meat, poultry, or eggs from animals you raise? .....	01	00
c. Meat or fish from hunting or fishing? .....	01	00

F11a. In the last 12 months, did you (or other adults in your household) ever get free food from any source we haven't already mentioned?

**PROBE:** Please include any free meals or groceries that you receive from any person or source that we haven't already mentioned


YES ..... 01  
NO ..... 00

Where?

---

---

|\_|\_|\_|\_|





**INTERVIEWER: IF RESPONSE CODE IS FOLLOWED BY AN ASTERISK (\*),  
CIRCLE THE QUESTION NUMBER.**

**G. FOOD SECURITY**

- G1. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (MONTH 12 MONTHS AGO).

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

Often true . . . . . 01 \*  
Sometimes true . . . . . 02 \*  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

- G2. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true . . . . . 01 \*  
Sometimes true . . . . . 02 \*  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

- G3. "(I/We) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true . . . . . 01 \*  
Sometimes true . . . . . 02 \*  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

G4. **INTERVIEWER: CHECK QUESTION A3. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES ..... 01  
NO ..... 00 ! **SKIP TO G8**

G5. “(I/We) relied on only a few kinds of low-cost food to feed (my/our) child/the children) because (I was/we were) running out of money to buy food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

**PROBE:** By low-cost food we mean rice, beans, macaroni products, bread, or potatoes, or foods like that.

Often true ..... 01 \*  
Sometimes true ..... 02 \*  
Never true ..... 03  
DON'T KNOW ..... -1

G6. “(I/We) couldn’t feed (my/our) (child/children) a balanced meal, because (I/we) couldn’t afford that.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true ..... 01 \*  
Sometimes true ..... 02 \*  
Never true ..... 03  
DON'T KNOW ..... -1

G7. “(My/Our child was/The children were) not eating enough because (I/we) just couldn’t afford enough food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?


Often true . . . . . 01 \*  
Sometimes true . . . . . 02 \*  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

G8. **INTERVIEWER: ARE ANY QUESTION NUMBERS CIRCLED ON PAGES 33 AND 34? IS THE RESPONSE TO G1, G2, G3, G5, OR G6 “OFTEN TRUE” (01) OR “SOMETIMES TRUE” (02)?**

YES . . . . . 01  
NO . . . . . 00 ! **SKIP TO H1**

G9. In the last 12 months, since last (MONTH 12 MONTHS AGO), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn’t enough money for food?

YES . . . . . 01  
NO . . . . . 00  
DON'T KNOW . . . . . -1

 **SKIP TO G10**

G9a. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month . . . . . 01  
Some months but not every month . . . . . 02  
Only 1 or 2 months . . . . . 03  
DON'T KNOW . . . . . -1

G10. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

G11. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

YES ..... 01 \*  
NO ..... 00  
DON'T KNOW ..... -1

G12. In the last 12 months, did you lose weight because you didn't have enough money for food?

YES ..... 01 \*  
NO ..... 00  
DON'T KNOW ..... -1

G13. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

YES ..... 01 \*  
NO ..... 00  
DON'T KNOW ..... -1

→ **SKIP TO G14**

G13a. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month . . . . . 01  
Some months but not every month . . . . . 02  
Only 1 or 2 months . . . . . 03  
DON'T KNOW . . . . . -1

G14. **INTERVIEWER: CHECK QUESTION A3. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES . . . . . 01  
NO . . . . . 00 ! **SKIP TO H1**

G15. **INTERVIEWER: ARE ANY QUESTION NUMBERS CIRCLED ON PAGES 35 AND 36? IS THE RESPONSE TO G7 "OFTEN TRUE" (01) OR "SOMETIMES TRUE" (02) OR IS THERE A "YES" RESPONSE TO G11, G12 OR G13?**

YES . . . . . 01  
NO . . . . . 00 ! **SKIP TO H1**

G16. The next questions are about children living in the household who are under 18 years old.

In the last 12 months, since (CURRENT MONTH) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

YES . . . . . 01  
NO . . . . . 00  
DON'T KNOW . . . . . -1

G17. In the last 12 months, did (CHILD'S NAME/any of the children) ever skip meals because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO G18**

G17a. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month ..... 01

Some months but not every month ..... 02

Only 1 or 2 months ..... 03

DON'T KNOW ..... -1

G18. In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

G19. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

## H. EMPLOYMENT HISTORY

H1. Including yourself, which people in your household work at a job for pay? **RECORD NAMES AT H1.**

NONE ..... 00 ! **SKIP TO I1**

HOUSEHOLD NAMES RECORDED BELOW ... 01

H2. How many hours per week (does NAME/do you) usually work? **RECORD BELOW OPPOSITE PERSONS NAME. PROBE:** Your best estimate would be fine.

**INTERVIEWER: IF RESPONDENT UNABLE TO TELL YOU USUAL HOURS WORKED PER WEEK, ASK "HOW MANY HOURS DID YOU WORK LAST WEEK OR DURING THE MOST RECENT WEEK YOU WORKED IF YOU DID NOT WORK LAST WEEK?"**

H3. How much (does NAME/do you) earn on this job, before taxes and any other deductions are taken out? **RECORD BELOW FOR EACH PERSON.**

**INTERVIEWER: IF RESPONDENT RECEIVES TIPS AS PART OF EARNINGS, ASK RESPONDENT TO REPORT WHAT HE OR SHE EARNED LAST WEEK (OR MOST RECENT WEEK WORKED IF NOT LAST WEEK) INCLUDING TIPS, AND RECORD AS "SALARY PER WEEK."**

**PROBE:** What is (NAME'S/YOUR) gross pay?

H1		H2	H3					
	Name	Hours Per Week	Hourly Wage	OR	Salary	Per	Salary Basis	
1	<div>_____</div> <div>-</div> <div><b>CODER:</b> Person # from A1: <div>____</div></div>	<div>____</div> <div>DON'T KNOW ... -1</div>	<div>\$ _____._____/HR.</div> <div>DON'T KNOW ..... -1</div>	OR	<div>\$ _____._____.____.</div> <div>DON'T KNOW ..... -1</div>	Per	<div>Day ..... 01</div> <div>Week ..... 02</div> <div>2 Weeks .... 03</div> <div>2X Month ... 04</div> <div>Month ..... 05</div> <div>Year ..... 06</div>	
2	<div>_____</div> <div>-</div> <div><b>CODER:</b> Person # from A1: <div>____</div></div>	<div>____</div> <div>DON'T KNOW ... -1</div>	<div>\$ _____._____/HR.</div> <div>DON'T KNOW ..... -1</div>	OR	<div>\$ _____._____.____.</div> <div>DON'T KNOW ..... -1</div>	Per	<div>Day ..... 01</div> <div>Week ..... 02</div> <div>2 Weeks .... 03</div> <div>2X Month ... 04</div> <div>Month ..... 05</div> <div>Year ..... 06</div>	
3	<div>_____</div> <div>-</div> <div><b>CODER:</b> Person # from A1: <div>____</div></div>	<div>____</div> <div>DON'T KNOW ... -1</div>	<div>\$ _____._____/HR.</div> <div>DON'T KNOW ..... -1</div>	OR	<div>\$ _____._____.____.</div> <div>DON'T KNOW ..... -1</div>	Per	<div>Day ..... 01</div> <div>Week ..... 02</div> <div>2 Weeks .... 03</div> <div>2X Month ... 04</div> <div>Month ..... 05</div> <div>Year ..... 06</div>	
4	<div>_____</div> <div>-</div> <div><b>CODER:</b> Person # from A1: <div>____</div></div>	<div>____</div> <div>DON'T KNOW ... -1</div>	<div>\$ _____._____/HR.</div> <div>DON'T KNOW ..... -1</div>	OR	<div>\$ _____._____.____.</div> <div>DON'T KNOW ..... -1</div>	Per	<div>Day ..... 01</div> <div>Week ..... 02</div> <div>2 Weeks .... 03</div> <div>2X Month ... 04</div> <div>Month ..... 05</div> <div>Year ..... 06</div>	

5	_____	____ ____	\$ ____ ____ ,____ ____ /HR. <b>OR</b> \$ ____ ____ ,____ ____     Per				Day . . . . . 01
	<b>CODER:</b> Person # from A1:  ____ ____	DON'T KNOW . . . -1	DON'T KNOW . . . . . -1		DON'T KNOW . . . . . -1		Week . . . . . 02
							2 Weeks . . . . 03
							2X Month . . . 04
							Month . . . . . 05
							Year . . . . . 06

H4.-H11. NO QUESTIONS THIS VERSION.



## I. HEALTH

11. Would you say that your current health condition is excellent, good, fair or poor?

EXCELLENT ..... 01  
 GOOD ..... 02  
 FAIR ..... 03  
 POOR ..... 04

12. Next, I will read a list of activities with which some people have difficulty because of a health or physical reason. Please tell me if you have no difficulty, some difficulty, a great deal of difficulty, or are unable to do these activities without the use of aids or another person?

	NO DIFFICULTY	SOME DIFFICULTY	A GREAT DEAL OF DIFFICULTY	UNABLE TO DO	DON'T KNOW/ DON'T DO
a. Eating, bathing, dressing, getting around your home or other personal care needs .....	01	02	03	04	-1
b. Managing your money (such as keeping track of your expenses or paying bills, balancing a check book, or filling out tax forms) ..	01	02	03	04	-1
c. Getting out of your home to shop or visit a doctor's office .....	01	02	03	04	-1

**J. SOCIAL SUPPORTS**

J1. How long have you lived in your neighborhood?

**IF LESS THAN ONE YEAR, ENTER "00" FOR YEARS AND RECORD  
NUMBER OF MONTHS.**

|\_|\_| / |\_|\_|  
YEARS MONTHS

**OR**

SINCE |\_|\_| 19 |\_|\_|  
MONTH YEAR

J2. In a typical week during the past year, how often did you get together in person with friends, neighbors, or relatives? By get together I mean going out together or visiting in each other's homes? Did you get together . . .

Every day, . . . . . 07  
Five or six times a week, . . . . . 05  
Three or four times a week, . . . . . 03  
Once or twice a week, or . . . . . 01  
Less than once per week? . . . . . 00

J3. How close do you live to your nearest relative who does not live with you? Do you live less than 30 minutes away, 30 minutes to 2 hours away, or more than 2 hours away?

CIRCLE ONE

LESS THAN 30 MINUTES AWAY . . . . . 01  
30 MINUTES TO 2 HOURS AWAY . . . . . 02  
MORE THAN 2 HOURS AWAY . . . . . 03  
NO LIVING CHILDREN OR RELATIVES . . . . -4

**K. INCOME AND EXPENSES**

K1. Which of the following best describes where you live now . . .

A place you own, . . . . . 01

A place you rent, . . . . . 02 ! **SKIP TO K5**

A place where you live rent free, . . . . . 03

Or someplace else? (SPECIFY) . . . . . 04

→ **SKIP TO K6**

\_\_\_\_\_  
|\_|\_| |\_|\_|

K2. What is your monthly mortgage payment?

\$ |\_|\_|, |\_|\_|\_|\_|

DON'T KNOW . . . . . -1

K3. (Do you/Does your household) make a separate home insurance payment?

YES . . . . . 01

NO . . . . . 00

DON'T KNOW . . . . . -1

K4. (Do you/Does your household) pay a separate property tax bill?

YES . . . . . 01

NO . . . . . 00

DON'T KNOW . . . . . -1

→ **SKIP TO K6**

K5. What is your monthly rent payment? Please tell me only the amount that you and members of your household pay out-of-pocket.

**PROBE:** Do not include any rent subsidies that your household receives from any program to pay part of the rent costs.

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

K5a. (Do you/Does your household) pay separate heating or air-conditioning costs?

YES ..... 01

NO ..... 00

K6. **INTERVIEWER: CHECK GRID A1 THROUGH A3. HOW MANY PEOPLE ARE IN HOUSEHOLD?**

ONE ..... 01 ! **SKIP TO K7b**

MORE THAN ONE ..... 02

K6a. Last month, did (you/your household) pay out-of-pocket for the care of children or other dependents so that someone in your household could go to work, school, or a training program?

YES ..... 01

NO ..... 00 ! **SKIP TO K7b**

DON'T KNOW ..... -1

K6b. How much did (you/your household) pay out-of-pocket last month?

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

K7. **NO QUESTION THIS VERSION.**

K7a. **NO QUESTION THIS VERSION.**

K7b. Is anyone in your household disabled? Please count as disabled persons who receive SSI benefits because of a disability, social security disability checks, disability retirement pensions, railroad retirement disability payments, or veteran disability benefits.

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

K7c. **NO QUESTION THIS VERSION.**

K8. Last month, did (you/your household) pay health insurance premiums or payments to belong to an HMO?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

→ **SKIP TO K9**

K8a. How much did (you/your household) pay last month. Please tell me only the amount that you and members of your household pay out-of-pocket.

\$ |\_\_|, |\_\_|\_\_|\_\_|  
DON'T KNOW ..... -1

K8b. **NO QUESTION THIS VERSION.**

K9. Now think about the people in your household who are disabled or age 60 or older. Last month, how much were their out-of-pocket medical expenses? Include doctor and hospital bills, prescription drugs, lab tests or X-rays, and any other medical expenses you paid out-of-pocket. Please exclude anything for which you will be reimbursed.

\$ |\_\_|, |\_\_|\_\_|\_\_|  
DON'T KNOW ..... -1

**INTERVIEWER: CHECK GRID A1 THROUGH A3: IF RESPONDENT LIVES ALONE, DON'T ASK K12, K13, OR K14. THAT IS, ALWAYS SKIP TO NEXT QUESTION IN K10 AFTER COMPLETING K11 FOR EACH INCOME SOURCE.**

K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any . . .	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
1. <b>CO:</b> Colorado Works; <b>MA:</b> Transitional Aid to Families with Dependent Children; <b>MN:</b> MFIP Minnesota's Family Investment Program; <b>NC:</b> Work First Benefits <b>PA/TX:</b> Temporary Assistance for Needy Families (TANF)?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW . . . -1 ! <b>GO TO K12</b>	[STATE WELFARE NAME]/ Temporary Assistance for Needy Families (TANF)?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.2</b>	<u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u> _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
2. General Assistance, general relief, or welfare?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW . . . -1 ! <b>GO TO K12</b>	General Assistance, general relief, or welfare?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.3</b>	<u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u> _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
3. Social Security checks from the government?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW . . . -1 ! <b>GO TO K12</b>	Social Security checks from the government?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.4</b>	<u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u> _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
4. Other retirement benefits (that are not Social Security) such as a government or private pension or annuity?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW . . . -1 ! <b>GO TO K12</b>	Other retirement benefits (that are not Social Security) such as a government or private pension or annuity?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.5</b>	<u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u> _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	

K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any . . .	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
5. SSI or Supplemental Security Income from the federal, state, or local government?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$  _ _ _ _  <b>6 ASK K12</b>  DON'T KNOW...-1 ! <b>GO TO K12</b>	SSI or Supplemental Security Income from the federal, state, or local government?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.6</b>	<u>NAME</u> _____ _____ _____ _____	<u>AMOUNT</u> \$  _ _ _ _ _  -1 \$  _ _ _ _ _  -1 \$  _ _ _ _ _  -1 \$  _ _ _ _ _  -1

K10	K11	K12	K13	K14
During (LAST MONTH) did you receive any . . .	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.
6. Veteran's benefits?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW. . . -1 ! <b>GO TO K12</b>	Veteran's benefits?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.7</b>	<u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u>  _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
7. Unemployment Insurance or workman's compensation benefits?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW. . . -1 ! <b>GO TO K12</b>	Unemployment Insurance or workman's compensation benefits?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.8</b>	<u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u>  _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
8. Any child support payments or alimony?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW. . . -1 ! <b>GO TO K12</b>	Any child support payments or alimony?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.9</b>	<u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u>  _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
9. Payments from roomers or boarders?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW. . . -1 ! <b>GO TO K12</b>	Payments from roomers or boarders?  YES . . . . . 01  NO . . . . . 00 <b>6 GOTO K10.10</b>	<u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u>  _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	
10. Financial support from friends or family?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW. . . -1 ! <b>GO TO K12</b>	Financial support from friends or family?  YES . . . . . 01  NO . . . . . 00 <b>6 GOTO K10.11</b>	<u>NAME</u> <u>AMOUNT</u> <u>DON'T KNOW</u>  _____ \$           -1 _____ \$           -1 _____ \$           -1 _____ \$           -1	



K10	K11	K12	K13	K14															
During (LAST MONTH) did you receive any . . .	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.															
11. Any other income such as income from business or prizes?  YES . . . . . 01 ! (SPECIFY) _____  NO . . . . . 00 6 ASK K12	\$  _ , _ _ _  6 ASK K12  DON'T KNOW. . . -1 ! GO TO K12	Any other income such as income from business or prizes?  YES . . . . . 01 ! SPECIFY _____  NO . . . . . 00 6 GO TO K15	<table> <thead> <tr> <th>NAME</th> <th>AMOUNT</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$  _ , _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ , _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ , _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ , _ _ _ </td> <td>-1</td> </tr> </tbody> </table>	NAME	AMOUNT	DON'T KNOW	_____	\$  _ , _ _ _	-1	_____	\$  _ , _ _ _	-1	_____	\$  _ , _ _ _	-1	_____	\$  _ , _ _ _	-1	
NAME	AMOUNT	DON'T KNOW																	
_____	\$  _ , _ _ _	-1																	
_____	\$  _ , _ _ _	-1																	
_____	\$  _ , _ _ _	-1																	
_____	\$  _ , _ _ _	-1																	

K15. Do you (or does anybody in your household) own a car, truck, van, or motorcycle? Please include any cars, trucks, vans, or motorcycles that you're making payments on.

YES ..... 01

NO ..... 00 ! **SKIP TO K18**

K16. What (is/are) the year(s), make(s), and model(s) of the car(s), truck(s), van(s), or motorcycle(s)?

**PROBE:** Please include any vehicle owned by a household member.

19 |\_\_|\_\_| Make: \_\_\_\_\_ Model: \_\_\_\_\_

19 |\_\_|\_\_| Make: \_\_\_\_\_ Model: \_\_\_\_\_

19 |\_\_|\_\_| Make: \_\_\_\_\_ Model: \_\_\_\_\_

DON'T KNOW ..... -1 ! **ASK K17**

**SKIP TO K18**

K17. **INTERVIEWER: IF YEAR, MAKE OR MODEL ARE UNKNOWN, ASK:**  
What is the approximate value of each vehicle owned by household members?

Vehicle 1: \$ \_\_\_\_\_

Vehicle 2: \$ \_\_\_\_\_

Vehicle 3: \$ \_\_\_\_\_

K18. (Including yourself, is anyone in your household/Are you) legally required to pay child support?

YES ..... 01

NO ..... 00 ! **SKIP TO L2**

K19. In total, how much child support (was paid by all members of your household/did you pay) last month?

\$ |\_\_|\_\_|, |\_\_|\_\_|\_\_| ! **SKIP TO L2**

DON'T KNOW ..... -1

REFUSED ..... -3

K20. Would you tell me which of the following ranges best describes the total amount of child support paid last month?

More than \$250 ..... 01 ! **SKIP TO K22**

Exactly \$250 ..... 02 ! **SKIP TO L2**

Less than \$250 ..... 03

DON'T KNOW/REFUSED ..... -3 ! **SKIP TO L2**

K21. Was it . . .

\$50 or less, ..... 01

Between \$51 and \$100, ..... 02

Between \$101 and \$150, ..... 03

Between \$151 and \$200, ..... 04

Or, between \$201 and \$250? ..... 05

DON'T KNOW/REFUSED ..... -3

 **SKIP TO L2**

K22. Was it . . .

Between \$250 and \$300, . . . . .	01
Between \$301 and \$350, . . . . .	02
Between \$351 and \$400, . . . . .	03
Between \$401 and \$450, . . . . .	04
Or, over \$450? . . . . .	05
DON'T KNOW/REFUSED . . . . .	-3

**L. DEMOGRAPHIC INFORMATION**

**L1. NO QUESTION THIS VERSION.**

**L2. CODE WITHOUT ASKING: (ASK ONLY IF NOT OBVIOUS)** Are you male or female?

MALE ..... 01

FEMALE ..... 00

**L3. Are you now . . .**

Married, ..... 01

Living with someone as married, ..... 02

Widowed, ..... 03

Divorced, ..... 04

Separated, ..... 05

Or have you never been married? ..... 06

L4. What is the highest grade or level of school that you have completed?

FIRST GRADE . . . . .	01
SECOND GRADE . . . . .	02
THIRD GRADE . . . . .	03
FOURTH GRADE . . . . .	04
FIFTH GRADE . . . . .	05
SIXTH GRADE . . . . .	06
SEVENTH GRADE . . . . .	07
EIGHTH GRADE . . . . .	08
NINTH GRADE . . . . .	09
TENTH GRADE . . . . .	10
ELEVENTH GRADE . . . . .	11
TWELFTH GRADE . . . . .	12
GRADUATED HIGH SCHOOL (DIPLOMA) . . .	13
GED . . . . .	14
VOCATIONAL TRAINING PROGRAM CERTIFICATE . . . . .	15
SOME COLLEGE . . . . .	16
TWO- OR FOUR-YEAR COLLEGE DEGREE . . . . .	17
OTHER (SPECIFY) . . . . .	18
<hr/>	
<div style="text-align: right;"> _ _   _ _ </div>	
DON'T KNOW . . . . .	-1
REFUSED . . . . .	-3

L5. Are you Hispanic, Latino or of Spanish origin?

YES . . . . .	01
NO . . . . .	00
DON'T KNOW . . . . .	-1
REFUSED . . . . .	-3

L6. What is your racial background? Choose one or more of the following races . . .

**INTERVIEWER: ACCEPT AND RECORD MULTIPLE RESPONSES  
WITHOUT PROBING.**

White, . . . . . 01

Black or African American, . . . . . 02

American Indian or Alaska Native, . . . . . 03

Asian, . . . . . 04

Native Hawaiian or Other Pacific Islander? . . . . 05

OTHER (SPECIFY) . . . . . 06

\_\_\_\_\_ |\_\_|\_\_| |\_\_|\_\_|

DON'T KNOW . . . . . -1

REFUSED . . . . . -3

L7. Is everyone in your household a U.S. citizen?

YES . . . . . 01 ! **SKIP TO L8**

NO . . . . . 00

L7a. Is anyone in your household a U.S. citizen?

YES . . . . . 01

NO . . . . . 00

L8. These are all my questions. Thank you very much for your time.

<b>TIME ENDED:</b>  __ __ : __ __  AM....01 PM....02
--

**M. INTERVIEWER OBSERVATIONS**  
(To be filled out after interview is completed.)

M1. In general, was the respondent's understanding of the questions?

CIRCLE ONE

EXCELLENT ..... 01  
GOOD ..... 02  
FAIR ..... 03  
POOR ..... 04

M2. Did the respondent seem to have any trouble understanding English?

YES ..... 01  
NO ..... 00

M3. Were there any questions that the respondent complained about?

YES ..... 01  
NO ..... 00 ! **SKIP TO M4**



M3a. Please list the questions and describe the problems.

Question	Problem

M4. Were there any questions which the respondent didn't understand?

YES ..... 01

NO ..... 00 ! **SKIP TO M5**

M4a. Please list the questions and describe the problems.

Question	Problem

M5. Please describe any difficulties the respondent had which are not described above.

---

---

---

---

---

---

---

---

9 NONE



## Main Questionnaire: Elderly Participant--Short

**B. NO SECTION B**

**C. FSP PARTICIPATION HISTORY**

C1.-

C3a. **NO QUESTIONS THIS VERSION.**

C4. How do you currently get your food stamp benefits each month? Do you get coupons or credit to an EBT card?

**PROBE:** In Colorado, the EBT card is called Colorado Quest.  
In Massachusetts, the EBT card is called an EBT card.  
In Texas, the EBT card is called the Lone Star card.  
No EBT card in Minnesota, North Carolina or Pennsylvania.

COUPONS ..... 01

EBT CARD ..... 02

C4a.-

C11. **NO QUESTIONS THIS VERSION.**

C12. In the past 3 years, did you ever stop receiving food stamp benefits because you were notified that you were not eligible?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

REFUSED ..... -3

→ **SKIP TO C13c**

C13. Thinking about the last time you were found ineligible to receive food stamp benefits, what were the reasons? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DID NOT SATISFY WORK  
REQUIREMENTS ..... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

---

|\_|\_|\_|\_|\_|\_|\_|

DON'T KNOW ..... -1

C13a.-

C13b. **NO QUESTIONS THIS VERSION.**

C13c. Do you ever do things so that people will not find out you receive food stamp benefits?

**PROBE:** For example, some people try to use their food stamp benefits in stores where they are unlikely to meet anyone they know.

YES ..... 01

NO ..... 00

C14. Now I'm going to ask you some questions about your experiences with food stamp benefits.

CIRCLE "YES" OR "NO"  
FOR EACH STATEMENT

	<u>YES</u>	<u>NO</u>
a. When using food stamp benefits in stores, are you sometimes treated disrespectfully by either employees or customers? .....	01	00
b. Are you embarrassed to use food stamp benefits? .....	01	00
c. Do you have any difficulties obtaining your monthly food stamp benefits? .....	01	00
d. Do you feel that you really needed food stamp benefits to make it through the month? .....	01	00
e. Do you have any difficulties doing all the paperwork needed to keep getting food stamp benefits? .....	01	00
f. Do you have any difficulties arranging meetings with your caseworker at convenient times? .....	01	00
g. Do food stamp office staff ever treat you disrespectfully? .....	01	00

C15. Have you experienced other difficulties with food stamp benefits that you have not already mentioned? Please do not include any difficulties you had applying, we will ask about this later.

YES ..... 01

NO ..... 00 ! **SKIP TO D2**

C16. Please describe those difficulties. **RECORD VERBATIM**

---

---

---

--	--	--	--



**D. HISTORY OF APPLICATIONS**

**D1. NO QUESTION THIS VERSION.**

D2. When was the last time you applied for food stamp benefits?

|\_|\_|\_| 19 |\_|\_|\_|  
MONTH YEAR

D3. All these next questions refer to the last time you applied for food stamp benefits in (MONTH YEAR FROM D2).

When you applied for food stamp benefits in (MONTH/YEAR FROM D2), did you also apply for any other kinds of public assistance such as Supplemental Security Income (or SSI), AFDC, [FILL STATE WELFARE NAME], Medicaid, or general assistance?

Colorado	Colorado Works
Massachusetts	Transitional Aid to Families with Dependent Children
Minnesota	MFIP Minnesota's Family Investment Program
North Carolina	Work First Benefits
Pennsylvania	TANF
Texas	TANF

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

D4a. The last time you applied, did you or someone else mail or take the application form to a food stamp office?

YES ..... 01 ! **SKIP TO D4c**

NO ..... 00

DON'T KNOW ..... -1

D4b. Did you or someone else mail or take the application form to an SSI office, a senior center, a hospital, a housing complex, or somewhere else?

CIRCLE ONE

AN SSI OFFICE, ..... 01

A SENIOR CENTER, ..... 02

A HOSPITAL, ..... 03

A HOUSING COMPLEX, OR ..... 04

SOMEWHERE ELSE? (PLEASE SPECIFY) . 05

\_\_\_\_\_ | | | | | |

D4c. The last time you applied, did you apply yourself or did an authorized representative apply for you?

APPLIED MYSELF ..... 01

AUTHORIZED REPRESENTATIVE ..... 02

D4d. Where did (you/your authorized representative) have the interview with your caseworker?

AT FOOD STAMP OFFICE ..... 01

AT SSI OFFICE ..... 02

AT A SENIOR CENTER ..... 03

AT A HOSPITAL ..... 04

AT A HOUSING COMPLEX ..... 05

SOMEWHERE ELSE (PLEASE SPECIFY) ... 06

 **SKIP TO D7**

\_\_\_\_\_ | | | | | |

AT HOME ..... 07

D4e. Did you have your interview by telephone or did a caseworker come to your home?

BY TELEPHONE ..... 01

VISIT BY CASEWORKER ..... 02

D4f.-

D4i. **NO QUESTIONS THIS VERSION.**

D5. Which of the following reasons led you to apply for food stamp benefits in (MONTH, YEAR FROM D2)?

	<u>YES</u>	<u>NO</u>
a. Your household income fell? . . . . .	01	00
b. <b>NO QUESTION THIS VERSION.</b>		
c. The number of people in your household changed? . . . . .	01	00
d. <b>NO QUESTION THIS VERSION.</b>		
e. It was getting harder and harder to make ends meet? . . . .	01	00
f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)? . . . . .	01	00
g. <b>NO QUESTION THIS VERSION.</b>		
h. <b>NO QUESTION THIS VERSION.</b>		
i. You learned about the program or your eligibility for food stamp benefits? . . . . .	01	00
j. Some other reason? (SPECIFY) . . . . .	01	00
_____		
_____		
	_ _	_ _

D5a.-

D6. **NO QUESTIONS THIS VERSION.**

D7. Now I am going to ask you some questions about your experiences applying for food stamp benefits over the past 3 years.

		CIRCLE "YES" OR "NO"		
		YES	NO	N/A
a.	Was it difficult or expensive for you to get transportation to the food stamp office? .....	01	00	--
b.	Did you have to go to the food stamp office even though your health or disability made it difficult? .....	01	00	--
c.	Was it difficult for you to take time off from work to apply for food stamp benefits? .....	01	00	-4
d.	Did you lose wages when you went to apply for food stamp benefits? .....	01	00	-4
e.	Did you have to arrange for care of someone in your home so that you could go to the food stamp office? .....	01	00	--
f.	Did you have to wait a long time to be served at the food stamp office? .....	01	00	--
<b>PROBE:</b> A long time from your point of view.				
g.	Were staff at the food stamp office disrespectful? .....	01	00	--
h.	Do you think the application form was too long and complicated? .....	01	00	--
i.	Did your caseworker ask you questions that were too personal? .....	01	00	--
j.	Was it difficult for you to get all the necessary paperwork? .....	01	00	--
k.	Did you feel embarrassed having to apply for food stamps?	01	00	--

D7a. Did you experience other difficulties applying for food stamp benefits that you have not already mentioned?

YES ..... 01

NO ..... 00 ! **SKIP TO D8**

D7b. Please describe those difficulties. **RECORD VERBATIM**

---

---

---

---

D8. In the past 3 years, did you ever begin the food stamp application process and not complete it?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

REFUSED ..... -3

→ **SKIP TO D10**

- D9. Why didn't you complete the application process at that time?  
**RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- DIDN'T THINK ELIGIBLE ..... 01  
BENEFIT TOO LOW ..... 02  
APPLICATION TOO TIME-CONSUMING .... 03  
APPLICATION FORM TOO  
COMPLICATED ..... 04  
APPLICATION TOO PERSONAL ..... 05  
TOO MUCH PAPERWORK ..... 06  
DIDN'T KNOW HOW TO COMPLETE  
THE PROCESS ..... 07  
NOT TREATED WELL BY STAFF ..... 08  
STIGMA/EMBARRASSMENT/PRIDE ..... 09  
HEALTH/MOBILITY PROBLEMS ..... 10  
LANGUAGE/LITERACY PROBLEMS ..... 11  
MY SITUATION CHANGED ..... 12  
TRANSPORTATION PROBLEM ..... 13  
HARD TO GET TIME OFF WORK ..... 14  
LOSE WAGES WHEN I GO TO  
FOOD STAMP OFFICE ..... 15  
OTHER (SPECIFY) ..... 16

---

|\_|\_|\_|\_|\_|\_|\_|

D10. In the past 3 years, have you applied for food stamp benefits and been found ineligible?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO D12**

D11. Thinking about the last time you applied for food stamp benefits and were found ineligible to receive food stamp benefits, why were you found ineligible?

**RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_\_

\_\_\_\_\_

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DID NOT SATISFY WORK  
REQUIREMENTS ..... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

\_\_\_\_\_

DON'T KNOW ..... -1



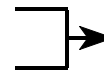
D12. In the past 3 years, have you ever been found eligible for food stamp benefits but not used them?

**PROBE:** By that I mean, you were found to be eligible for food stamp benefits and you did not pick them up or you received them but did not use any of them.

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1



**SKIP TO D17**

D13. The last time that happened, why didn't you use them? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- EMBARRASSED TO USE FOOD STAMP  
BENEFITS ..... 01
- NOT TREATED WELL IN FOOD STORES .. 02
- NO STORES NEARBY THAT ACCEPT  
FOOD STAMP BENEFITS ..... 03
- DID NOT LIKE TO SHOP AT STORES  
THAT ACCEPT FOOD STAMP BENEFITS .. 04
- NOT TREATED WELL BY OFFICE/  
PROGRAM ..... 05
- TOO HARD TO PICK UP COUPONS/  
STAMPS ..... 06
- STAMPS OR EBT CARD WERE LOST  
OR STOLEN ..... 07
- BENEFIT AMOUNT WAS TOO SMALL ..... 08
- DID NOT NEED FOOD STAMPS ..... 09
- OTHER (SPECIFY) ..... 10

---

|\_|\_|\_|\_|\_|\_|\_|

D14.-  
D16. **NO QUESTIONS THIS VERSION.**

D17. Now I would like to talk to you about some things that may have helped you decide to use food stamp benefits.

CIRCLE "YES" OR "NO"  
FOR EACH STATEMENT

	<u>YES</u>	<u>NO</u>
a. Did you receive a lot of help with the application? .....	01	00
b. Did other family members or friends encourage you to get food stamp benefits? .....	01	00
c. Do you feel it's OK to receive food stamp benefits because you pay taxes? .....	01	00
d. Do you feel you couldn't get by on your own without food stamp benefits? .....	01	00
e. Are you uncomfortable getting food from family, friends, charities, or other programs? .....	01	00

D18. Are there other circumstances that we haven't mentioned that helped you decide to use food stamp benefits?

YES ..... 01

NO ..... 00

(PLEASE SPECIFY):

|\_|\_| |\_|\_|

D19. **INTERVIEWER: CHECK QUESTION D17a. DID THEY RECEIVE A LOT OF HELP WITH THE APPLICATION?**

YES ..... 01

NO ..... 00 ! **SKIP TO G1**

D20. You said you received a lot of help with the application, what type of help did you receive? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- TRANSPORTATION TO THE OFFICE . . . . . 01
- HAVING SOMEONE BE WITH ME  
AT THE FOOD STAMP OFFICE . . . . . 02
- HAVING SOMEONE ELSE GO TO  
OFFICE INSTEAD OF ME . . . . . 03
- TRANSLATION . . . . . 04
- HELP FILLING OUT APPLICATION . . . . . 05
- HELP OBTAINING NECESSARY  
DOCUMENTATION . . . . . 06
- OTHER (SPECIFY) . . . . . 07

---

|\_|\_|\_|\_|\_|\_|\_|

D21. Who provided this help?

CIRCLE ALL THAT APPLY

- CASEWORKER . . . . . 01
- RELATIVE, FRIEND, OR NEIGHBOR . . . . . 02
- CLERGYMAN . . . . . 03
- COMMUNITY WORKER (OUTREACH  
WORKER OR LEGAL AID  
REPRESENTATIVE) . . . . . 04
- VOLUNTEER AT FOOD STAMP OFFICE . . . 05
- OTHER (SPECIFY) . . . . . 06

---

|\_|\_|\_|\_|\_|\_|\_|

**E. NO SECTION E**

**F. NO SECTION F**

**G. FOOD SECURITY**

G1. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (MONTH 12 MONTHS AGO).

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

Often true . . . . .	01
Sometimes true . . . . .	02
Never true . . . . .	03
DON'T KNOW . . . . .	-1

G2.-  
G4. **NO QUESTIONS THIS VERSION.**

G4s. **INTERVIEWER: CHECK QUESTION A2s. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES . . . . .	01
NO . . . . .	00 ! <b>SKIP TO G9</b>

G5. “(I/We) relied on only a few kinds of low-cost food to feed (my/our) child/the children) because (I was/we were) running out of money to buy food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

**PROBE:** By low-cost food we mean rice, beans, macaroni products, bread, or potatoes, or foods like that.


Often true . . . . . 01  
Sometimes true . . . . . 02  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

G6.-

G8. **NO QUESTIONS THIS VERSION.**

G9. In the last 12 months, since last (MONTH 12 MONTHS AGO), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

YES . . . . . 01  
NO . . . . . 00  
DON'T KNOW . . . . . -1

 **SKIP TO G13**

G9a. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month . . . . . 01  
Some months but not every month . . . . . 02  
Only 1 or 2 months . . . . . 03  
DON'T KNOW . . . . . -1

G10.-

G12. **NO QUESTIONS THIS VERSION.**

G13. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO G14s**

G14. **NO QUESTION THIS VERSION.**

G14s. **INTERVIEWER: CHECK QUESTION A2s. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES ..... 01

NO ..... 00 ! **SKIP TO L1**

G15. **NO QUESTION THIS VERSION.**

G16. The next questions are about children living in the household who are under 18 years old.

In the last 12 months, since (CURRENT MONTH) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

G17.-

G19. **NO QUESTIONS THIS VERSION.**

H. NO SECTION H

I. NO SECTION I

J. NO SECTION J

K. NO SECTION K

L. DEMOGRAPHIC INFORMATION

L1. Now, I have just a few final questions.

Can you tell me your age?

|\_|\_| / |\_|\_| / 19 |\_|\_|  
MONTH DAY YEAR

OR |\_|\_| YEARS OLD

L2. **CODE WITHOUT ASKING: (ASK ONLY IF NOT OBVIOUS)** Are you male or female?

MALE ..... 01

FEMALE ..... 00

L3. Are you now . . .

Married, ..... 01

Living with someone as married, ..... 02

Widowed, ..... 03

Divorced, ..... 04

Separated, ..... 05

Or have you never been married? ..... 06



L4. What is the highest grade or level of school that you have completed?

FIRST GRADE . . . . .	01
SECOND GRADE . . . . .	02
THIRD GRADE . . . . .	03
FOURTH GRADE . . . . .	04
FIFTH GRADE . . . . .	05
SIXTH GRADE . . . . .	06
SEVENTH GRADE . . . . .	07
EIGHTH GRADE . . . . .	08
NINTH GRADE . . . . .	09
TENTH GRADE . . . . .	10
ELEVENTH GRADE . . . . .	11
TWELFTH GRADE . . . . .	12
GRADUATED HIGH SCHOOL (DIPLOMA) . .	13
GED . . . . .	14
VOCATIONAL TRAINING PROGRAM CERTIFICATE . . . . .	15
SOME COLLEGE . . . . .	16
TWO- OR FOUR-YEAR COLLEGE DEGREE . . . . .	17
OTHER (SPECIFY) . . . . .	18
<hr/>	
_ _   _ _	
DON'T KNOW . . . . .	-1
REFUSED . . . . .	-3

L5. Are you Hispanic, Latino or of Spanish origin?

YES . . . . .	01
NO . . . . .	00
DON'T KNOW . . . . .	-1
REFUSED . . . . .	-3

L6. What is your racial background? Choose one or more of the following races . . .

**INTERVIEWER: ACCEPT AND RECORD MULTIPLE RESPONSES WITHOUT PROBING.**

White, . . . . . 01

Black or African American, . . . . . 02

American Indian or Alaska Native, . . . . . 03

Asian, . . . . . 04

Native Hawaiian or Other Pacific Islander? . . . . 05

OTHER (SPECIFY) . . . . . 06

\_\_\_\_\_  
|\_|\_|\_|\_|  
DON'T KNOW . . . . . -1  
REFUSED . . . . . -3

L7.-

L7a. **NO QUESTIONS THIS VERSION.**

L8. These are all my questions. Thank you very much for your time.

<b>TIME ENDED:</b>  _ _ _ : _ _  AM....01 PM....02
--

**M. INTERVIEWER OBSERVATIONS**

(To be filled out after interview is completed.)

M1. In general, was the respondent's understanding of the questions?

CIRCLE ONE

EXCELLENT ..... 01

GOOD ..... 02

FAIR ..... 03

POOR ..... 04

M2. Did the respondent seem to have any trouble understanding English?

YES ..... 01

NO ..... 00

M3. Were there any questions that the respondent complained about?

YES ..... 01

NO ..... 00 ! **SKIP TO M4**

M3a. Please list the questions and describe the problems.

Question	Problem

M4. Were there any questions which the respondent didn't understand?

YES ..... 01

NO ..... 00 ! **SKIP TO M5**

M4a. Please list the questions and describe the problems.

Question	Problem

M5. Please describe any difficulties the respondent had which are not described above.

---

---

---

---

---

---

---

---

---

9 NONE

# ELDERLY PARTICIPANT LONG INTERVIEW

Interviewer ID: |\_|\_|\_|\_|\_|\_| Date Completed: |\_|\_|/|\_|\_|/19|\_|\_|  
Month Day Year

MPR ID: | | | | | | | | |

Name of Original Respondent: \_\_\_\_\_

Name of Respondent: \_\_\_\_\_

Phone Number: |\_|\_|\_| - |\_|\_|\_| - |\_|\_|\_|\_|  
Area Code

Time Zone: ☐ Eastern ☐ Central ☐ Mountain

## 9 Elderly in Household

Callbacks/Appointments					
Intv ID	Date	Time	Status	Callback Date	Callback Time
_____	___/___	_____A/P	_____	___/___	_____A/P
_____	___/___	_____A/P	_____	___/___	_____A/P
_____	___/___	_____A/P	_____	___/___	_____A/P

**NOTES:**

**STATUS CODES:**

## INTERIM

20 CALLBACK/APPOINTMENT  
21 CALLBACK/NO APPOINTMENT  
22 NO ANSWER/BUSY  
23 ANSWERING MACHINE  
24 WRONG#/CHANGED #  
25 INITIAL REFUSAL(SCREENER COMPLETE)  
27 INCOMPLETE/BREAKOFF  
28 RESPONDENT OUT OF TOWN  
29 RESPONDENT WILL CALL MPR  
30 NEEDS NEW LETTER  
31 OTHER

**FINAL**

01	COMPLETE
02	REFUSAL
03	INCOMPLETE/BREAKOFF
04	UNLOCATABLE
05	UNAVAILABLE DURING FIELD PERIOD
06	CHRONIC NO ANSWER/BUSY
07	ANSWERING MACHINE
08	BARRIER (LANG/PHY/COGN)
09	OTHER

INTERVIEWER ID #:  _ _ _ _ _ _ _ _ _ _	DATE:  _ _ _ _  /  _ _ _ _  / 19  _ _ _ _  MONTH DAY YEAR
MPR ID #:  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	TIME BEGAN:  _ _ _ : _ _ _  AM....01 PM....02

## WP & PE STUDY

### Main Questionnaire: Elderly Participant--Long

#### A. HOUSEHOLD COMPOSITION

A1. Please tell me the first name or initials of each person who currently lives in your household starting with you. By household I mean people who live with you and share food with you.

**PROBE:** Include any persons who live with you more than half time.

A2. How is (NAME) related to you? **ENTER CODE BELOW.**

A3. How old (are you/is NAME)? **PROBE:** Your best estimate is fine.

Person Number	A1. First Name or Initials	A2. Relationship	A3. Age
1.	_____	SELF	_ _ _  DON'T KNOW ..... -1
2.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
3.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
4.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
5.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
6.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
7.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
8.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
9.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1
10.	_____	_ _ _	_ _ _  DON'T KNOW ..... -1

**RELATIONSHIP CODES**

01	MALE SPOUSE/PARTNER	06	GRANDMOTHER	11	OTHER MALE RELATIVE OR NONRELATIVE
02	FEMALE SPOUSE/PARTNER	07	SON/STEPSON	12	OTHER FEMALE RELATIVE OR NONRELATIVE
03	FATHER/STEPFATHER	08	DAUGHTER/STEPDAUGHTER		
04	MOTHER/STEPMOTHER	09	BROTHER/STEPBROTHER		
05	GRANDFATHER	10	SISTER/STEPSISTER		



A4. I've recorded the following names (READ NAMES FROM A1). Is there anyone else such as babies or small children? Anyone who usually lives with you but is now away from home, or anyone else staying here?

YES ..... 01 ! **GO BACK AND  
CORRECT A1-A3**  
NO ..... 00

**B. KNOWLEDGE OF THE FSP**

**B1. NO QUESTION THIS VERSION.**

**B2.** As far as you know, do any of your relatives, friends, neighbors, or co-workers currently receive food stamp benefits?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

**B3.-**

**B8. NO QUESTIONS THIS VERSION.**

**C. FSP PARTICIPATION HISTORY**

C1.-

C3. **NO QUESTIONS THIS VERSION.**

C4. How do you currently get your food stamp benefits each month? Do you get coupons or credit to an EBT card?

**PROBE:** In Colorado, the EBT card is called Colorado Quest.  
In Massachusetts, the EBT card is called an EBT card.  
In Texas, the EBT card is called the Lone Star card.  
No EBT card in Minnesota, North Carolina or Pennsylvania.

COUPONS ..... 01

EBT CARD ..... 02

C4a.-

C11. **NO QUESTIONS THIS VERSION.**

C12. In the past 3 years, did you ever stop receiving food stamp benefits because you were notified that you were not eligible?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

REFUSED ..... -3

→ **SKIP TO C13c**

C13. Thinking about the last time you were found ineligible to receive food stamp benefits, what were the reasons? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- INCOME TOO HIGH ..... 01
- TOO MANY ASSETS ..... 02
- MISSING PAPERWORK ..... 03
- CITIZENSHIP STATUS ..... 04
- DID NOT SATISFY WORK  
REQUIREMENTS ..... 05
- ON STRIKE FROM JOB ..... 06
- OTHER (SPECIFY) ..... 07
- 
- |\_|\_|\_|\_|\_|\_|\_|
- DON'T KNOW ..... -1

C13a.-

C13b. **NO QUESTIONS THIS VERSION.**

C13c. Do you ever do things so that people will not find out you receive food stamp benefits?

**PROBE:** For example, some people try to use their food stamp benefits in stores where they are unlikely to meet anyone they know.

- YES ..... 01
- NO ..... 00

C14. Now I'm going to ask you some questions about your experiences with food stamp benefits.

CIRCLE "YES" OR "NO"  
FOR EACH STATEMENT

	<u>YES</u>	<u>NO</u>
a. When using food stamp benefits in stores, are you sometimes treated disrespectfully by either employees or customers? .....	01	00
b. Are you embarrassed to use food stamp benefits? .....	01	00
c. Do you have any difficulties obtaining your monthly food stamp benefits? .....	01	00
d. Do you feel that you really need food stamp benefits to make it through the month? ...	01	00
e. Do you have any difficulties doing all the paperwork needed to keep getting food stamp benefits? .....	01	00
f. Do you have any difficulties arranging meetings with your caseworker at convenient times? .....	01	00
g. Do food stamp office staff ever treat you disrespectfully? .....	01	00

C15. Have you experienced other difficulties with food stamp benefits that you have not already mentioned? Please do not include any difficulties you had applying, we will ask about this later.

YES ..... 01

NO ..... 00 ! **SKIP TO D2**

C16. Please describe those difficulties. **RECORD VERBATIM**

---



---



---

|\_|\_|\_|\_|\_|

**D. HISTORY OF APPLICATIONS**

**D1. NO QUESTION THIS VERSION.**

D2. When was the last time you applied for food stamp benefits?

|\_|\_|\_| 19 |\_|\_|\_|  
MONTH YEAR

D3. All these next questions refer to the last time you applied for food stamp benefits in (MONTH YEAR FROM D2).

When you applied for food stamp benefits in (MONTH/YEAR FROM D2), did you also apply for any other kinds of public assistance such as Supplemental Security Income (or SSI), AFDC, [FILL STATE WELFARE NAME], Medicaid, or general assistance?

Colorado	Colorado Works
Massachusetts	Transitional Aid to Families with Dependent Children
Minnesota	MFIP Minnesota's Family Investment Program
North Carolina	Work First Benefits
Pennsylvania	TANF
Texas	TANF

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

D4a. The last time you applied, did you or someone else mail or take the application form to a food stamp office?

YES ..... 01 ! **SKIP TO D4c**  
NO ..... 00  
DON'T KNOW ..... -1

D4b. Did you or someone else mail or take the application form to an SSI office, a senior center, a hospital, a housing complex, or somewhere else?

CIRCLE ONE

AN SSI OFFICE, ..... 01  
A SENIOR CENTER, ..... 02  
A HOSPITAL, ..... 03  
A HOUSING COMPLEX, OR ..... 04  
SOMEWHERE ELSE? (PLEASE SPECIFY) .. 05

\_\_\_\_\_  
|\_|\_|\_|\_|

D4c. The last time you applied, did you apply yourself or did an authorized representative apply for you?

APPLIED MYSELF ..... 01  
AUTHORIZED REPRESENTATIVE ..... 02

D4d. Where did (you/your authorized representative) have the interview with your caseworker?

AT FOOD STAMP OFFICE ..... 01  
AT SSI OFFICE ..... 02  
AT A SENIOR CENTER ..... 03  
AT A HOSPITAL ..... 04  
AT A HOUSING COMPLEX ..... 05  
SOMEWHERE ELSE (PLEASE SPECIFY) .. 06

**SKIP TO D4f**

\_\_\_\_\_  
|\_|\_|\_|\_|

AT HOME ..... 07

D4e. Did you have your interview by telephone or did a caseworker come to your home?

BY TELEPHONE ..... 01

VISIT BY CASEWORKER ..... 02

D4f. The last time you applied, did you take time off from work to apply for food stamp benefits?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

DOESN'T WORK ..... -4

D4g. **NO QUESTION THIS VERSION.**



D5. Which of the following reasons led you to apply for food stamp benefits in (MONTH, YEAR FROM D2)?

	<u>YES</u>	<u>NO</u>
a. Your household income fell? . . . . .	01	00
b. You or someone in your household lost a job? . . . . .	01	00
c. The number of people in your household changed? . . . . .	01	00
d. You or someone in your household became ill or disabled? . . . . .	01	00
e. It was getting harder and harder to make ends meet? . . . .	01	00
f. You couldn't get as much food as you needed from family, friends, government programs, or other sources (such as food banks)? . . . . .	01	00
g. You couldn't get the kinds of food you needed from family, friends, government programs, or other sources? . . . . .	01	00
h. You didn't want to get food from family, friends, government programs, or other sources? . . . . .	01	00
i. You learned about the program or your eligibility for food stamp benefits? . . . . .	01	00
j. Some other reason? (SPECIFY) . . . . .	01	00

\_\_\_\_\_  
 \_\_\_\_\_  
 |\_|\_|\_|\_|\_|\_|

D5a.-

D6. **NO QUESTIONS THIS VERSION.**

D7. Now I am going to ask you some questions about your experiences applying for food stamp benefits over the past 3 years.

		CIRCLE "YES" OR "NO"		
		YES	NO	N/A
a.	Was it difficult or expensive for you to get transportation to the food stamp office? .....	01	00	--
b.	Did you have to go to the food stamp office even though your health or disability made it difficult? .....	01	00	--
c.	Was it difficult for you to take time off from work to apply for food stamp benefits? .....	01	00	-4
d.	Did you lose wages when you went to apply for food stamp benefits? .....	01	00	-4
e.	Did you have to arrange for care of someone in your home so that you could go to the food stamp office? .....	01	00	--
f.	Did you have to wait a long time to be served at the food stamp office? .....	01	00	--
<b>PROBE:</b> A long time from your point of view.				
g.	Were staff at the food stamp office disrespectful? .....	01	00	--
h.	Do you think the application form was too long and complicated? .....	01	00	--
i.	Did your caseworker ask you questions that were too personal? .....	01	00	--
j.	Was it difficult for you to get all the necessary paperwork? .....	01	00	--
k.	Did you feel embarrassed having to apply for food stamps?	01	00	--

D7a. Did you experience other difficulties applying for food stamp benefits that you have not already mentioned?

YES ..... 01

NO ..... 00 ! **SKIP TO D8**

D7b. Please describe those difficulties. **RECORD VERBATIM**

---

---

---

|\_|\_|\_|\_|

D8. In the past 3 years, did you ever begin the food stamp application process and not complete it?

YES .....	01	
NO .....	00	} → <b>SKIP TO D10</b>
DON'T KNOW .....	-1	
REFUSED .....	-3	

D9. Why didn't you complete the application process at that time?  
**RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

CIRCLE ALL THAT APPLY

- DIDN'T THINK ELIGIBLE ..... 01
- BENEFIT TOO LOW ..... 02
- APPLICATION TOO TIME-CONSUMING .... 03
- APPLICATION FORM TOO  
COMPLICATED ..... 04
- APPLICATION TOO PERSONAL ..... 05
- TOO MUCH PAPERWORK ..... 06
- DIDN'T KNOW HOW TO COMPLETE  
THE PROCESS ..... 07
- NOT TREATED WELL BY STAFF ..... 08
- STIGMA/EMBARRASSMENT/PRIDE ..... 09
- HEALTH/MOBILITY PROBLEMS ..... 10
- LANGUAGE/LITERACY PROBLEMS ..... 11
- MY SITUATION CHANGED ..... 12
- TRANSPORTATION PROBLEM ..... 13
- HARD TO GET TIME OFF WORK ..... 14
- LOSE WAGES WHEN I GO TO  
FOOD STAMP OFFICE ..... 15
- OTHER (SPECIFY) ..... 16

\_\_\_\_\_

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

D10. In the past 3 years, have you applied for food stamp benefits and been found ineligible?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

☐ → **SKIP TO D12**

D11. Thinking about the last time you applied for food stamps and were found ineligible, why were you found ineligible? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

INCOME TOO HIGH ..... 01

TOO MANY ASSETS ..... 02

MISSING PAPERWORK ..... 03

CITIZENSHIP STATUS ..... 04

DID NOT SATISFY WORK  
REQUIREMENTS ..... 05

ON STRIKE FROM JOB ..... 06

OTHER (SPECIFY) ..... 07

---

|\_|\_|\_|\_|

DON'T KNOW ..... -1

D12. In the past 3 years, have you ever been found eligible for food stamp benefits but not used them?

**PROBE:** By that I mean, you were found to be eligible for food stamp benefits and you did not pick them up or you received them but did not use any of them.

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO D17**

D13. The last time that happened, why didn't you use them? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- EMBARRASSED TO USE FOOD STAMP  
BENEFITS ..... 01
- NOT TREATED WELL IN FOOD STORES .. 02
- NO STORES NEARBY THAT ACCEPT  
FOOD STAMP BENEFITS ..... 03
- DID NOT LIKE TO SHOP AT STORES  
THAT ACCEPT FOOD STAMP BENEFITS .. 04
- NOT TREATED WELL BY OFFICE/  
PROGRAM ..... 05
- TOO HARD TO PICK UP COUPONS/  
STAMPS ..... 06
- STAMPS OR EBT CARD WERE LOST  
OR STOLEN ..... 07
- BENEFIT AMOUNT WAS TOO SMALL ..... 08
- DID NOT NEED FOOD STAMPS ..... 09
- OTHER (SPECIFY) ..... 10

---

|\_|\_|\_|\_|\_|\_|\_|

D14.-  
D16c. **NO QUESTIONS THIS VERSION.**

D17. Now I would like to talk to you about some things that may have helped you decide to use food stamp benefits.

CIRCLE "YES" OR "NO"  
FOR EACH STATEMENT

	<u>YES</u>	<u>NO</u>
a. Did you receive a lot of help with the application? .....	01	00
b. Did other family members or friends encourage you to get food stamp benefits? .....	01	00
c. Do you feel it's OK to receive food stamp benefits because you've paid taxes? .....	01	00
d. Do you feel you couldn't get by on your own without food stamp benefits? .....	01	00
e. Are you uncomfortable getting food from family, friends, charities, or other programs? .....	01	00

D18. Are there other circumstances that I haven't mentioned that helped you decide to use food stamp benefits?

YES ..... 01


NO ..... 00

(PLEASE SPECIFY):

\_\_\_\_\_

\_\_\_\_\_

|\_|\_|\_|\_|



D19. **INTERVIEWER: CHECK QUESTION D17a. DID THEY RECEIVE A LOT OF HELP WITH THE APPLICATION?**

YES ..... 01

NO ..... 00 ! **SKIP TO F1**



D20. You said you received a lot of help with the application, what type of help did you receive? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY.**

---

---

|\_|\_|\_|\_|\_|\_|\_|

CIRCLE ALL THAT APPLY

- TRANSPORTATION TO THE OFFICE . . . . . 01
- HAVING SOMEONE BE WITH ME  
AT THE FOOD STAMP OFFICE . . . . . 02
- HAVING SOMEONE ELSE GO TO  
OFFICE INSTEAD OF ME . . . . . 03
- TRANSLATION . . . . . 04
- HELP FILLING OUT APPLICATION . . . . . 05
- HELP OBTAINING NECESSARY  
DOCUMENTATION . . . . . 06
- OTHER (SPECIFY) . . . . . 07

---

|\_|\_|\_|\_|\_|\_|\_|

D21. Who provided this help?

CIRCLE ALL THAT APPLY

- CASEWORKER . . . . . 01
- RELATIVE, FRIEND, OR NEIGHBOR . . . . . 02
- CLERGYMAN . . . . . 03
- COMMUNITY WORKER (OUTREACH  
WORKER OR LEGAL AID  
REPRESENTATIVE) . . . . . 04
- VOLUNTEER AT FOOD STAMP OFFICE . . . 05
- OTHER (SPECIFY) . . . . . 06

---

|\_|\_|\_|\_|\_|\_|\_|

**E. NO SECTION E**

**F. RECEIPT OF FOOD ASSISTANCE**

F1. During the past 12 months, did (you/anyone in the household) ever receive free or reduced-cost meals for the elderly either at a facility or delivered to your home?

**PROBE:** By facility we mean places such as a senior center or community center or some other special place with a meal program.

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F1a. **INTERVIEWER: ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES ..... 01  
NO CHILDREN ..... 00 ! **SKIP TO F5**

F2. During the past 12 months, did any children in the household ever receive free or reduced-cost meals at a day-care or Head Start program?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1  
CHILD/CHILDREN DO NOT  
ATTEND DAY CARE PROGRAM ..... -4

F3. Not counting meals at Head Start or daycare programs, during the past 12 months, did any children in the household ever receive free or reduced-cost lunches at school?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1  
CHILD/CHILDREN DO NOT  
ATTEND SCHOOL ..... 04 ! **SKIP TO F5**

F4. During the past 12 months, did any children in the household ever receive free or reduced-cost breakfasts at school?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F5. **INTERVIEWER: CHECK QUESTION A3. IS ANYONE IN THIS HOUSEHOLD EITHER UNDER AGE 6 OR A WOMAN UNDER 45 YEARS OF AGE?**

YES ..... 01  
NO ..... 00 ! **SKIP TO F7**

F6. During the past 12 months, did (you/anyone in the household) ever get food through the WIC program?

**PROBE:** By WIC we mean the U.S. Department of Agriculture's Special Supplemental Nutrition Program for Women, Infants, and Children, which provides food packages and nutrition education to women, infants, and young children.

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F7. During the past 12 months, did (you/anyone in the household) ever get food, or vouchers to buy food, from any other kind of program?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

(SPECIFY PROGRAM):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|\_|\_|\_|\_|

F8. In the last 12 months, did you (or other adults in your household) ever get food or borrow money for food from friends or relatives?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F9. In the last 12 months, did you (or other adults in your household) ever get emergency food from a church, a food pantry, or food bank?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F10. In the last 12 months, did you (or other adults in your household) ever eat any meals at a soup kitchen?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

F10a. In the last 12 months, did you (or other adults in the household) ever receive free or reduced-price meals at work?

YES ..... 01  
 NO ..... 00  
 DON'T KNOW ..... -1

F11. Some people are able to get food from their own garden or farm, or from hunting or fishing. During the last 12 months, did you (anyone in the household) ever get food from . . .

	<u>YES</u>	<u>NO</u>
a. Your own vegetable garden? .....	01	00
b. Meat, poultry, or eggs from animals you raise? .....	01	00
c. Meat or fish from hunting or fishing? .....	01	00

F11a. In the last 12 months, did you (or other adults in your household) ever get free food from any source we haven't already mentioned?

**PROBE:** Please include any free meals or groceries that you receive from any person or source that we haven't already mentioned.

YES ..... 01  
 NO ..... 00


Where?

---



---

|\_|\_|\_|\_|



F12. **NO QUESTION THIS VERSION.**

**INTERVIEWER: IF RESPONSE CODE IS FOLLOWED BY AN ASTERISK (\*),  
CIRCLE THE QUESTION NUMBER.**

**G. FOOD SECURITY**

- G1. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last (MONTH 12 MONTHS AGO).

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

Often true . . . . . 01 \*  
Sometimes true . . . . . 02 \*  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

- G2. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true . . . . . 01 \*  
Sometimes true . . . . . 02 \*  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

- G3. "(I/We) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true . . . . . 01 \*  
Sometimes true . . . . . 02 \*  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

G4. **INTERVIEWER: CHECK QUESTION A3. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES ..... 01  
NO ..... 00 ! **SKIP TO G8**

G5. “(I/We) relied on only a few kinds of low-cost food to feed (my/our) child/the children) because (I was/we were) running out of money to buy food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

**PROBE:** By low-cost food we mean rice, beans, macaroni products, bread, or potatoes, or foods like that.

Often true ..... 01 \*  
Sometimes true ..... 02 \*  
Never true ..... 03  
DON'T KNOW ..... -1

G6. “(I/We) couldn’t feed (my/our) (child/children) a balanced meal, because (I/we) couldn’t afford that.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true ..... 01 \*  
Sometimes true ..... 02 \*  
Never true ..... 03  
DON'T KNOW ..... -1

G7. “(My/Our child was/The children were) not eating enough because (I/we) just couldn’t afford enough food.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?


Often true . . . . . 01 \*  
Sometimes true . . . . . 02 \*  
Never true . . . . . 03  
DON'T KNOW . . . . . -1

G8. **INTERVIEWER: ARE ANY QUESTION NUMBERS CIRCLED ON PAGES 22 AND 23? IS THE RESPONSE TO G1, G2, G3, G5, OR G6 “OFTEN TRUE” (01) OR “SOMETIMES TRUE” (02)?**

YES . . . . . 01  
NO . . . . . 00 ! **SKIP TO H1**

G9. In the last 12 months, since last (MONTH 12 MONTHS AGO), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn’t enough money for food?

YES . . . . . 01  
NO . . . . . 00  
DON'T KNOW . . . . . -1

 **SKIP TO G10**

G9a. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month . . . . . 01  
Some months but not every month . . . . . 02  
Only 1 or 2 months . . . . . 03  
DON'T KNOW . . . . . -1



G10. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

YES ..... 01  
NO ..... 00  
DON'T KNOW ..... -1

G11. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

YES ..... 01 \*  
NO ..... 00  
DON'T KNOW ..... -1

G12. In the last 12 months, did you lose weight because you didn't have enough money for food?

YES ..... 01 \*  
NO ..... 00  
DON'T KNOW ..... -1

G13. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

YES ..... 01 \*  
NO ..... 00  
DON'T KNOW ..... -1

→ **SKIP TO G14**

G13a. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month . . . . . 01

Some months but not every month . . . . . 02

Only 1 or 2 months . . . . . 03

DON'T KNOW . . . . . -1

G14. **INTERVIEWER: CHECK QUESTION A3. ARE THERE ANY CHILDREN UNDER 18 IN THE HOUSEHOLD?**

YES . . . . . 01

NO . . . . . 00 ! **SKIP TO H1**

G15. **INTERVIEWER: ARE ANY QUESTION NUMBERS CIRCLED ON PAGES 24 AND 25? IS THE RESPONSE TO G7 "OFTEN TRUE" (01) OR "SOMETIMES TRUE" (02) OR IS THERE A "YES" RESPONSE TO G11, G12 OR G13?**

YES . . . . . 01

NO . . . . . 00 ! **SKIP TO H1**

G16. The next questions are about children living in the household who are under 18 years old.

in the last 12 months, since (CURRENT MONTH) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

YES . . . . . 01

NO . . . . . 00

DON'T KNOW . . . . . -1

G17. In the last 12 months, did (CHILD'S NAME/any of the children) ever skip meals because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO G18**

G17a. How often did this happen--almost every month, some months but not every month, or in only 1 or 2 months?

Almost every month ..... 01

Some months but not every month ..... 02

Only 1 or 2 months ..... 03

DON'T KNOW ..... -1

G18. In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

G19. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

**H. EMPLOYMENT HISTORY**

H1. Including yourself, which people in your household work at a job for pay? **RECORD NAMES AT H1.**

NONE ..... 00 ! **SKIP TO I1**

HOUSEHOLD NAMES RECORDED BELOW ... 01

H2. How many hours per week (does NAME/do you) usually work for pay? **RECORD BELOW OPPOSITE PERSONS NAME. PROBE:** Your best estimate would be fine.

**INTERVIEWER: IF RESPONDENT UNABLE TO TELL YOU USUAL HOURS WORKED PER WEEK, ASK "HOW MANY HOURS DID YOU WORK LAST WEEK OR DURING THE MOST RECENT WEEK YOU WORKED IF YOU DID NOT WORK LAST WEEK?"**

H3. How much (does NAME/do you) earn on this job, before taxes and any other deductions are taken out? **RECORD BELOW FOR EACH PERSON.**

**INTERVIEWER: IF RESPONDENT RECEIVES TIPS AS PART OF EARNINGS, ASK RESPONDENT TO REPORT WHAT HE OR SHE EARNED LAST WEEK (OR MOST RECENT WEEK WORKED IF NOT LAST WEEK) INCLUDING TIPS, AND RECORD AS "SALARY PER WEEK."**

**PROBE:** What is (NAME'S/YOUR) gross pay?

H1		H2	H3					
1	<b>Name</b> _____ - <b>CODER:</b> Person # from A1: _____	<b>Hours Per Week</b> _____ DON'T KNOW ... -1	<b>Hourly Wage</b> \$ _____/HR. DON'T KNOW ..... -1	<b>OR</b>	<b>Salary</b> \$ _____ DON'T KNOW ..... -1	<b>Per</b>	<b>Salary Basis</b> Day ..... 01 Week ..... 02 2 Weeks ..... 03 2X Month ... 04 Month ..... 05 Year ..... 06	
2	<b>Name</b> _____ - <b>CODER:</b> Person # from A1: _____	<b>Hours Per Week</b> _____ DON'T KNOW ... -1	<b>Hourly Wage</b> \$ _____/HR. DON'T KNOW ..... -1	<b>OR</b>	<b>Salary</b> \$ _____ DON'T KNOW ..... -1	<b>Per</b>	<b>Salary Basis</b> Day ..... 01 Week ..... 02 2 Weeks ..... 03 2X Month ... 04 Month ..... 05 Year ..... 06	
3	<b>Name</b> _____ - <b>CODER:</b> Person # from A1: _____	<b>Hours Per Week</b> _____ DON'T KNOW ... -1	<b>Hourly Wage</b> \$ _____/HR. DON'T KNOW ..... -1	<b>OR</b>	<b>Salary</b> \$ _____ DON'T KNOW ..... -1	<b>Per</b>	<b>Salary Basis</b> Day ..... 01 Week ..... 02 2 Weeks ..... 03 2X Month ... 04 Month ..... 05 Year ..... 06	
4	<b>Name</b> _____ - <b>CODER:</b> Person # from A1: _____	<b>Hours Per Week</b> _____ DON'T KNOW ... -1	<b>Hourly Wage</b> \$ _____/HR. DON'T KNOW ..... -1	<b>OR</b>	<b>Salary</b> \$ _____ DON'T KNOW ..... -1	<b>Per</b>	<b>Salary Basis</b> Day ..... 01 Week ..... 02 2 Weeks ..... 03 2X Month ... 04 Month ..... 05 Year ..... 06	

5	_____	____ ____	\$ ____ ____ ,____ ____ /HR. <b>OR</b> \$ ____ ____ ,____ ____     Per				Day . . . . . 01
	<b>CODER:</b> Person # from A1:  ____ ____	DON'T KNOW . . . -1	DON'T KNOW . . . . -1		DON'T KNOW . . . . -1		Week . . . . . 02
							2 Weeks . . . . 03
							2X Month . . . 04
							Month . . . . . 05
							Year . . . . . 06

H4.-H11. NO QUESTIONS THIS VERSION.

## I. HEALTH

I1. Would you say that your current health condition is excellent, good, fair or poor?

EXCELLENT ..... 01  
 GOOD ..... 02  
 FAIR ..... 03  
 POOR ..... 04

I2. Next, I will read a list of activities with which some people have difficulty because of a health or physical reason. Please tell me if you have no difficulty, some difficulty, a great deal of difficulty, or are unable to do these activities without the use of aids or another person?

	NO DIFFICULTY	SOME DIFFICULTY	A GREAT DEAL OF DIFFICULTY	UNABLE TO DO	DON'T KNOW/ DON'T DO
a. Eating, bathing, dressing, getting around your home or other personal care needs . . .	01	02	03	04	-1
b. Managing your money (such as keeping track of your expenses or paying bills, balancing a check book, or filling out tax forms) . . . . .	01	02	03	04	-1
c. Getting out of your home to shop or visit a doctor's office . .	01	02	03	04	-1

**J. SOCIAL SUPPORTS**

J1. How long have you lived in your neighborhood?

**IF LESS THAN ONE YEAR, ENTER "00" FOR YEARS AND RECORD  
NUMBER OF MONTHS.**

|\_|\_| / |\_|\_|  
YEARS MONTHS

**OR**

SINCE |\_|\_| 19 |\_|\_|  
MONTH YEAR

J2. In a typical week during the past year, how often did you get together in person with friends, neighbors, or relatives? By get together I mean going out together or visiting in each other's homes? Did you get together . . .

Every day, . . . . . 07  
Five or six times a week, . . . . . 05  
Three or four times a week, . . . . . 03  
Once or twice a week, or . . . . . 01  
Less than that? . . . . . 00

J3. How close do you live to your nearest relative who does not live with you? Do you live less than 30 minutes away, 30 minutes to 2 hours away, or more than 2 hours away?

CIRCLE ONE

LESS THAN 30 MINUTES AWAY . . . . . 01  
30 MINUTES TO 2 HOURS AWAY . . . . . 02  
MORE THAN 2 HOURS AWAY . . . . . 03  
NO LIVING CHILDREN OR RELATIVES . . . . -4

**K. INCOME AND EXPENSES**

K1. Which of the following best describes where you live now . . .

A place you own, . . . . . 01

A place you rent, . . . . . 02 ! **SKIP TO K5**

A place where you live rent free, . . . . . 03

Or someplace else? (SPECIFY) . . . . . 04

→ **SKIP TO K6**

\_\_\_\_\_  
|\_|\_| |\_|\_|

K2. What is your monthly mortgage payment?

\$ |\_|\_|, |\_|\_|\_|\_|

DON'T KNOW . . . . . -1

K3. (Do you/Does your household) make a separate home insurance payment?

YES . . . . . 01

NO . . . . . 00

DON'T KNOW . . . . . -1

K4. (Do you/Does your household) pay a separate property tax bill?

YES . . . . . 01

NO . . . . . 00

DON'T KNOW . . . . . -1

→ **SKIP TO K6**



K5. What is your monthly rent payment? Please tell me only the amount that you and members of your household pay out-of-pocket.

**PROBE:** Do not include any rent subsidies that your household receives from any program to pay part of the rent costs.

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

K5a. (Do you/Does your household) pay separate heating or air-conditioning costs?

YES ..... 01

NO ..... 00

K6. **INTERVIEWER: CHECK GRID A1 THROUGH A3. HOW MANY PEOPLE ARE IN HOUSEHOLD?**

ONE ..... 01 ! **SKIP TO K7b**

MORE THAN ONE ..... 02

K6a. Last month, did (you/your household) pay out-of-pocket for the care of children or other dependents so that someone in your household could go to work, school, or a training program?

YES ..... 01

NO ..... 00 ! **SKIP TO K7b**

DON'T KNOW ..... -1

K6b. How much did (you/your household) pay out-of-pocket last month?

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

K7.-

K7a. **NO QUESTIONS THIS VERSION.**

K7b. Is anyone in your household disabled? Please count as disabled persons who receive SSI benefits because of a disability, social security disability checks, disability retirement pensions, railroad retirement disability payments, or veteran disability benefits.

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

K8. Last month, did (you/your household) pay health insurance premiums or payments to belong to an HMO?

YES ..... 01

NO ..... 00

DON'T KNOW ..... -1

→ **SKIP TO K9**

K8a. How much did (you/your household) pay last month. Please tell me only the amount that you and members of your household pay out-of-pocket.

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

K8b. **NO QUESTION THIS VERSION.**

K9. Now think about the people in your household who are disabled or age 60 or older. Last month, how much were their out-of-pocket medical expenses? Include doctor and hospital bills, prescription drugs, lab tests or X-rays, and any other medical expenses you paid out-of-pocket. Please exclude anything for which you will be reimbursed.

\$ |\_\_|, |\_\_|\_\_|\_\_|

DON'T KNOW ..... -1

**INTERVIEWER: CHECK GRID A1 THROUGH A3: IF RESPONDENT LIVES ALONE, DON'T ASK K12, K13, OR K14. THAT IS, ALWAYS SKIP TO NEXT QUESTION IN K10 AFTER COMPLETING K11 FOR EACH INCOME SOURCE.**

K10	K11	K12	K13	K14															
During (LAST MONTH) did you receive any . . .	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.															
1. <b>CO:</b> Colorado Works; <b>MA:</b> Transitional Aid to Families with Dependent Children; <b>MN:</b> MFIP Minnesota's Family Investment Program; <b>NC:</b> Work First Benefits <b>PA/TX:</b> Temporary Assistance for Needy Families (TANF)?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW . . . -1 ! <b>GO TO K12</b>	[STATE WELFARE NAME]/ Temporary Assistance for Needy Families (TANF)?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.2</b>	<table border="0"> <tr> <th>NAME</th> <th>AMOUNT</th> <th>DON'T KNOW</th> </tr> <tr> <td>_____</td> <td>\$          </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$          </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$          </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$          </td> <td>-1</td> </tr> </table>	NAME	AMOUNT	DON'T KNOW	_____	\$	-1	_____	\$	-1	_____	\$	-1	_____	\$	-1	
NAME	AMOUNT	DON'T KNOW																	
_____	\$	-1																	
_____	\$	-1																	
_____	\$	-1																	
_____	\$	-1																	
2. General Assistance, general relief, or welfare?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW . . . -1 ! <b>GO TO K12</b>	General Assistance, general relief, or welfare?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.3</b>	<table border="0"> <tr> <th>NAME</th> <th>AMOUNT</th> <th>DON'T KNOW</th> </tr> <tr> <td>_____</td> <td>\$          </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$          </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$          </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$          </td> <td>-1</td> </tr> </table>	NAME	AMOUNT	DON'T KNOW	_____	\$	-1	_____	\$	-1	_____	\$	-1	_____	\$	-1	
NAME	AMOUNT	DON'T KNOW																	
_____	\$	-1																	
_____	\$	-1																	
_____	\$	-1																	
_____	\$	-1																	
3. Social Security checks from the government?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW . . . -1 ! <b>GO TO K12</b>	Social Security checks from the government?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.4</b>	<table border="0"> <tr> <th>NAME</th> <th>AMOUNT</th> <th>DON'T KNOW</th> </tr> <tr> <td>_____</td> <td>\$          </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$          </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$          </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$          </td> <td>-1</td> </tr> </table>	NAME	AMOUNT	DON'T KNOW	_____	\$	-1	_____	\$	-1	_____	\$	-1	_____	\$	-1	
NAME	AMOUNT	DON'T KNOW																	
_____	\$	-1																	
_____	\$	-1																	
_____	\$	-1																	
_____	\$	-1																	
4. Other retirement benefits (that are not Social Security) such as a government or private pension or annuity?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$           <b>6 ASK K12</b>  DON'T KNOW . . . -1 ! <b>GO TO K12</b>	Other retirement benefits (that are not Social Security) such as a government or private pension or annuity?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.5</b>	<table border="0"> <tr> <th>NAME</th> <th>AMOUNT</th> <th>DON'T KNOW</th> </tr> <tr> <td>_____</td> <td>\$          </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$          </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$          </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$          </td> <td>-1</td> </tr> </table>	NAME	AMOUNT	DON'T KNOW	_____	\$	-1	_____	\$	-1	_____	\$	-1	_____	\$	-1	
NAME	AMOUNT	DON'T KNOW																	
_____	\$	-1																	
_____	\$	-1																	
_____	\$	-1																	
_____	\$	-1																	

K10	K11	K12	K13	K14															
During (LAST MONTH) did you receive any . . .	How much did you receive from (SOURCE) last month?	Did anyone else in your household receive any (SOURCE) last month?	Who else received (SOURCE) last month?	How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.															
5. SSI or Supplemental Security Income from the federal, state, or local government?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$  _ _ _ _  <b>6 ASK K12</b>  DON'T KNOW...-1 ! <b>GO TO K12</b>	SSI or Supplemental Security Income from the federal, state, or local government?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.6</b>	<table border="0"> <thead> <tr> <th><u>NAME</u></th> <th><u>AMOUNT</u></th> <th><u>DON'T KNOW</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> </tbody> </table>	<u>NAME</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	
<u>NAME</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
6. Veteran's benefits?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$  _ _ _ _  <b>6 ASK K12</b>  DON'T KNOW...-1 ! <b>GO TO K12</b>	Veteran's benefits?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.7</b>	<table border="0"> <thead> <tr> <th><u>NAME</u></th> <th><u>AMOUNT</u></th> <th><u>DON'T KNOW</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> </tbody> </table>	<u>NAME</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	
<u>NAME</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
7. Unemployment Insurance or workman's compensation benefits?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$  _ _ _ _  <b>6 ASK K12</b>  DON'T KNOW...-1 ! <b>GO TO K12</b>	Unemployment Insurance or workman's compensation benefits?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.8</b>	<table border="0"> <thead> <tr> <th><u>NAME</u></th> <th><u>AMOUNT</u></th> <th><u>DON'T KNOW</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> </tbody> </table>	<u>NAME</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	
<u>NAME</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
8. Any child support payments or alimony?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$  _ _ _ _  <b>6 ASK K12</b>  DON'T KNOW...-1 ! <b>GO TO K12</b>	Any child support payments or alimony?  YES . . . . . 01  NO . . . . . 00 <b>6 GO TO K10.9</b>	<table border="0"> <thead> <tr> <th><u>NAME</u></th> <th><u>AMOUNT</u></th> <th><u>DON'T KNOW</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> </tbody> </table>	<u>NAME</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	
<u>NAME</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
9. Payments from roomers or boarders?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$  _ _ _ _  <b>6 ASK K12</b>  DON'T KNOW...-1 ! <b>GO TO K12</b>	Payments from roomers or boarders?  YES . . . . . 01  NO . . . . . 00 <b>6 GOTO K10.10</b>	<table border="0"> <thead> <tr> <th><u>NAME</u></th> <th><u>AMOUNT</u></th> <th><u>DON'T KNOW</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> </tbody> </table>	<u>NAME</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	
<u>NAME</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	

K10	K11	K12	K13	K14															
<b>During (LAST MONTH) did you receive any . . .</b>	<b>How much did you receive from (SOURCE) last month?</b>	<b>Did anyone else in your household receive any (SOURCE) last month?</b>	<b>Who else received (SOURCE) last month?</b>	<b>How much did (NAME) receive from (SOURCE) last month? ENTER AMOUNT RECEIVED FOR EACH NAME.</b>															
10. Financial support from friends or family?  YES . . . . . 01  NO . . . . . 00 <b>6 ASK K12</b>	\$  _ _ _ _  <b>6 ASK K12</b>  DON'T KNOW...-1 ! <b>GO TO K12</b>	Financial support from friends or family?  YES . . . . . 01  NO . . . . . 00 <b>6 GOTO K10.11</b>	<table border="0"> <thead> <tr> <th><u>NAME</u></th> <th><u>AMOUNT</u></th> <th><u>DON'T KNOW</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> </tbody> </table>	<u>NAME</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	
<u>NAME</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
11. Any other income such as income from business or prizes?  YES . . . . . 01 ! <b>(SPECIFY)</b> _____  NO . . . . . 00 <b>6 ASK K12</b>	\$  _ _ _ _  <b>6 ASK K12</b>  DON'T KNOW...-1 ! <b>GO TO K12</b>	Any other income such as income from business or prizes?  YES . . . . . 01 ! <b>SPECIFY</b> _____  NO . . . . . 00 <b>6 GO TO K15</b>	<table border="0"> <thead> <tr> <th><u>NAME</u></th> <th><u>AMOUNT</u></th> <th><u>DON'T KNOW</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> <tr> <td>_____</td> <td>\$  _ _ _ _ </td> <td>-1</td> </tr> </tbody> </table>	<u>NAME</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	_____	\$  _ _ _ _	-1	
<u>NAME</u>	<u>AMOUNT</u>	<u>DON'T KNOW</u>																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	
_____	\$  _ _ _ _	-1																	

K15. Do you (or does anybody in your household) own a car, truck, van, or motorcycle? Please include any cars, trucks, vans, or motorcycles that you're making payments on.

YES ..... 01

NO ..... 00 ! **SKIP TO K18**

K16. What (is/are) the year(s), make(s), and model(s) of the car(s), truck(s), van(s), or motorcycle(s)?

**PROBE:**

Please include any vehicle owned by a household member.

19 |\_\_|\_\_| Make: \_\_\_\_\_ Model: \_\_\_\_\_

19 |\_\_|\_\_| Make: \_\_\_\_\_ Model: \_\_\_\_\_

19 |\_\_|\_\_| Make: \_\_\_\_\_ Model: \_\_\_\_\_

DON'T KNOW ..... -1 ! **ASK K17**

**SKIP TO K18**

K17. **INTERVIEWER: IF YEAR, MAKE OR MODEL ARE UNKNOWN, ASK:** What is the approximate value of each vehicle owned by household members?

Vehicle 1: \$ \_\_\_\_\_

Vehicle 2: \$ \_\_\_\_\_

Vehicle 3: \$ \_\_\_\_\_

K18. (Including yourself, is anyone in your household/Are you) legally required to pay child support?

YES ..... 01

NO ..... 00 ! **SKIP TO L2**

K19. In total, how much child support (was paid by all members of your household/did you pay) last month?

\$ |\_\_|\_\_|,|\_\_|\_\_|\_\_| ! **SKIP TO L2**

DON'T KNOW ..... -1

REFUSED ..... -3

K20. Would you tell me which of the following ranges best describes the total amount of child support paid last month?

More than \$250 ..... 01 ! **SKIP TO K22**

Exactly \$250 ..... 02 ! **SKIP TO L2**

Less than \$250 ..... 03

DON'T KNOW/REFUSED ..... -3 ! **SKIP TO L2**

K21. Was it . . .

\$50 or less, ..... 01

Between \$51 and \$100, ..... 02

Between \$101 and \$150, ..... 03

Between \$151 and \$200, ..... 04

Or, between \$201 and \$250? ..... 05

DON'T KNOW/REFUSED ..... -3

 **SKIP TO L2**

K22. Was it . . .

Between \$250 and \$300, . . . . .	01
Between \$301 and \$350, . . . . .	02
Between \$351 and \$400, . . . . .	03
Between \$401 and \$450, . . . . .	04
Or, over \$450? . . . . .	05
DON'T KNOW/REFUSED . . . . .	-3



**L. DEMOGRAPHIC INFORMATION**

**L1. NO QUESTION THIS VERSION.**

**L2. CODE WITHOUT ASKING: (ASK ONLY IF NOT OBVIOUS)** Are you male or female?

MALE ..... 01

FEMALE ..... 00

**L3. Are you now . . .**

Married, ..... 01

Living with someone as married, ..... 02

Widowed, ..... 03

Divorced, ..... 04

Separated, ..... 05

Or have you never been married? ..... 06

L4. What is the highest grade or level of school that you have completed?

FIRST GRADE . . . . .	01
SECOND GRADE . . . . .	02
THIRD GRADE . . . . .	03
FOURTH GRADE . . . . .	04
FIFTH GRADE . . . . .	05
SIXTH GRADE . . . . .	06
SEVENTH GRADE . . . . .	07
EIGHTH GRADE . . . . .	08
NINTH GRADE . . . . .	09
TENTH GRADE . . . . .	10
ELEVENTH GRADE . . . . .	11
TWELFTH GRADE . . . . .	12
GRADUATED HIGH SCHOOL (DIPLOMA) . .	13
GED . . . . .	14
VOCATIONAL TRAINING PROGRAM CERTIFICATE . . . . .	15
SOME COLLEGE . . . . .	16
TWO- OR FOUR-YEAR COLLEGE DEGREE . . . . .	17
OTHER (SPECIFY) . . . . .	18
<hr/>	
<div>     _ _   _ _ </div>	
DON'T KNOW . . . . .	-1
REFUSED . . . . .	-3

L5. Are you Hispanic, Latino or of Spanish origin?

YES . . . . .	01
NO . . . . .	00
DON'T KNOW . . . . .	-1
REFUSED . . . . .	-3

L6. What is your racial background? Choose one or more of the following races . . .

**INTERVIEWER: ACCEPT AND RECORD MULTIPLE RESPONSES WITHOUT PROBING.**

White, . . . . . 01

Black or African American, . . . . . 02

American Indian or Alaska Native, . . . . . 03

Asian, . . . . . 04

Native Hawaiian or Other Pacific Islander? . . . . 05

OTHER (SPECIFY) . . . . . 06

\_\_\_\_\_ |\_\_|\_\_| |\_\_|\_\_|

DON'T KNOW . . . . . -1

REFUSED . . . . . -3

L7. Is everyone in your household a U.S. citizen?

YES . . . . . 01 ! **SKIP TO L8**

NO . . . . . 00

L7a. Is anyone in your household a U.S. citizen?

YES . . . . . 01

NO . . . . . 00

L8. These are all my questions. Thank you very much for your time.

<b>TIME ENDED:</b>  __ __ : __ __  AM....01 PM....02
--

**M. INTERVIEWER OBSERVATIONS**

(To be filled out after interview is completed.)

M1. In general, was the respondent's understanding of the questions?

CIRCLE ONE

EXCELLENT ..... 01

GOOD ..... 02

FAIR ..... 03

POOR ..... 04

M2. Did the respondent seem to have any trouble understanding English?

YES ..... 01

NO ..... 00

M3. Were there any questions that the respondent complained about?

YES ..... 01

NO ..... 00 ! **SKIP TO M4**

M3a. Please list the questions and describe the problems.

Question	Problem

M4. Were there any questions which the respondent didn't understand?

YES ..... 01

NO ..... 00 ! **SKIP TO M5**

M4a. Please list the questions and describe the problems.

Question	Problem

M5. Please describe any difficulties the respondent had which are not described above.

---

---

---

---

---

---

---

---

---

9 NONE